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1916-17  
County Borough



of Dewsbury.

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# ANNUAL REPORT

UPON THE

## Health of Dewsbury,

FOR THE YEAR 1915.

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BY T. O. HALLIWELL, D.P.H.,

MEDICAL OFFICER OF HEALTH.

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DEWSBURY:

S. DAWSON & SON, PRINTERS, CORPORATION STREET.

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*The Health Department,*

*The Town Hall,*

*Dewsbury.*

To the Chairman and Members of the Health Committee  
of the Dewsbury County Borough Council.

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GENTLEMEN,

I have the honour to submit to you my Annual Report upon the vital statistics, the sanitary condition and progress of the Borough during the year 1915.

The usual memorandum on the preparation of Annual Reports has not been issued by the Local Government Board, and on the Board's suggestion many of the details usually inserted and which are more or less annual repetitions, such as a description of the district, and of the water supply, sewerage and sewage disposal have been omitted. The Report is consequently more of a record of what has taken place during the year.

The work of the department has been seriously affected by the abnormal conditions existing. Many notices issued for sanitary amendments have not been complied with, chiefly owing to the absolute impossibility of owners of property being able to get contractors or others to do the work.

I am, Gentlemen,

Your obedient Servant,

T. O. HALLIWELL.

March, 1916.



County Borough



of Dewsbury.

# ANNUAL REPORT

OF THE

## Medical Officer of Health

FOR THE YEAR 1915.

### STATISTICAL SUMMARY, 1915.

Estimated mean (civil) population (normal estimation)	...	54,314
"    "    "    "    (special estimation)	..	53,299
Area in acres (excluding inland water)	... ..	6,597
Birth rate, per 1,000 living (calculated on the estimated mean population for 1914)	... ..	20·98
Net death rate at all ages per 1,000 living	... ..	17·12
Infantile mortality per 1,000 births.	... ..	116·3
Death rate per 1,000 living from the seven principal zymotic diseases	... ..	1·01
Tubercular (all forms) death rate per 1,000 living	... ..	1·18
Consumption death rate per 1,000 living	... ..	·93
Respiratory death rate (excluding consumption) per 1,000 living	... ..	3·52



### Section 1.—Population of the Borough.

It is obvious that owing to the large number of men who have joined His Majesty's Forces, the estimated population at the middle of the year if calculated in the usual way would be wrong. The Registrar General estimates the civil population for 1915 to be 53,299. The basis for the arrival at this estimate has been derived from the National Register which was practically a record of the civil population on August 15th, and it is unnecessary to explain the method of calculation in arriving at the above figures.

Under ordinary circumstances the estimated population at the middle of the year would have been 54,314, allotted to the various areas as follows :—

Dewsbury (Old Borough)	...	27,654	
Ravensthorpe	...	6,686	
Soothill Upper	...	2,403	} 8,208
Soothill Nether	...	5,805	
Thornhill	...	11,766	
		<hr/>	
		54,314	
		<hr/>	

The difference between the ordinary estimated population and the Registrar General's special estimate is 1,015, if one allots this number to the several areas in proportion to the normal estimate for each area, a roughly estimated population for each area will be as follows :—

Dewsbury	...	27,138	
Ravensthorpe	...	6,561	
Soothill Upper	...	2,358	} 8,054
Soothill Nether	...	5,696	
Thornhill	...	11,546	
		<hr/>	
		53,299	
		<hr/>	

**NATURAL INCREASE OF POPULATION.**—The natural increase of population is the excess of the number of births over the number of deaths. This cannot be correctly given for 1915 as I have no information relating to military deaths.

**RATEABLE VALUE.**—The rateable value for 1915-16 is

For Borough Rate .. £299,041 2s. 6d.

For District Rate .. £279,382 13s. 4d.

The above amounts are an increase of £41,925 and £43,055 8s. 3d. respectively over those for the previous year.



The total rates for the year ending March 31st, 1916 are :—

		s.	d.
Dewsbury (Old Borough) ...	9	8	
Ravensthorpe ...	6	2	
Soothill Nether ...	8	2	
Soothill Upper ...	7	4	
Thornhill ...	6	10	

Compared with the previous year the rates for the old Borough were increased 2d., for Ravensthorpe decreased 3d., for Soothill Upper increased 1d., for Soothill Nether decreased 1d., and for Thornhill decreased 3d.

**POOR LAW RELIEF.**—The amount of out-relief expended in the Borough during the year ending December 31st, 1915, amounted to £1,476 4s. 3d., an increase of £40 12s. 0d. compared with the previous year.

## Section II.—Sanitary Circumstances of the District.

**A.—Water.**—Considerable uneasiness was felt during the late summer and early autumn as to the water supply, owing to the long continued draught, and the inhabitants of the Borough were fortunate in so far that the only curtailment of the supply was from Oct. 18th to Nov. 10th, when it was cut off at nights.

The consumption of water has considerably increased during past years. In 1904 the Dewsbury and Heckmondwike Joint Waterworks Board were able to give a 25 weeks' supply, the period is now 19 weeks.

There has been no alteration in the method of treatment of the water on account of its plumbo solvency. The treatment is a continuous one, two grains of chalk per gallon of water is added by means of a special mechanical plant, with satisfactory results. I have had ten samples of water, taken from domestic taps, quantitatively examined for lead, the results being satisfactory. The samples were taken from five different houses ; one from each house was water which had stood in the pipes all night, and the others water which had stood in the pipes half an hour. Of the first five the amounts of lead in grains per gallon found were  $\frac{1}{40}$ ,  $\frac{1}{50}$ ,  $\frac{1}{60}$ , none, and  $\frac{1}{40}$  : similarly the amounts in the second series were  $\frac{1}{80}$ ,  $\frac{1}{100}$ ,  $\frac{1}{40}$ ,  $\frac{1}{50}$ , none.

During the early part of October there was a considerable amount of diarrhoea in the Borough which was not limited to any one area. The reservoirs were low, I therefore submitted a sample of water for bacteriological examination, the result of the examination showed there was no evidence of pollution. The report was as follows :—

“ BACTERIAL CONTENT. Average number of organisms developing  
“ on gelatine plates incubated at 20° C. for 3 days = 1  
“ per c.c.”

“ Average number of organisms developing on agar plates  
“ incubated at 37° C. for 3 days = 5 per c.c.”

“ BACILLUS COLI. Not present in 10 c.c. or smaller quantities  
“ of the water.”

“ BACILLUS ENTERITIDIS SPOROGENES. Not present in 5 c.c. of  
“ the water.”

I subsequently heard that cases of diarrhoea had been put down to the water supply, but this was not so.

Three samples of water have been analysed by the Dewsbury Borough Analyst on behalf of the Waterworks Board: Two of the samples were taken from two of the storage reservoirs, and the third was taken from a tap in the Town Hall. The following is a copy of the report :—

Grains per gallon—

Total solid matters	...	...6·00
Organic and Volatile Matters		1·00
Mineral Matters	...	...5 00

Composition of Mineral Matters—

Lime Carbonate	...	...1·20
„ Sulphate	...	...1·09
„ Nitrate	...	.. none
Magnesium Carbonate	...	...·76
„ Sulphate	...	.. none
Sodium Chloride	...	...1·15
„ Sulphate, etc.	...	...·30
„ Carbonate	...	.. none
Iron and Alumina Oxides	...	...·25
Silica	...	...·25
		<hr/> 5·00

Total Hardness ...3·0

**B.—Closet Accommodation.** Under the supervision of the Inspector of Nuisances 89 privies were abolished, and 102 Water Closets and two pail closets provided, and four waste water closets converted into fresh water closets.

These figures are much below those of several previous years, owing to the fact that it has been impossible to get more work done of this nature because of shortage of labour.

The following table shows the number of privies abolished and water closets provided, under the supervision of the Inspector of Nuisances, during the last five years.

			Dews-bury.		Ravens-thorpe.		Soothills.		Thorn-hill.		Total.	
			Privies Abolished.	W.C.'s Provided.	Privies Abolished.	W.C.'s Provided.	Privies Abolished.	W.C.'s Provided.	Privies Abolished.	W.C.'s Provided.	Privies Abolished.	W.C.'s Provided.
1910	...	...			43	49	12	15	3	2	58	66
1911	...	...	1	5	90	101	19	20	55	55	165	181
1912	...	...	3	3	82	99	77	101	192	200	354	403
1913	...	..	4	31	62	56	107	113	85	98	258	298
1914	...	...	2	19	106	112	62	88	104	109	274	328
1915	...	...		20	24	27	24	29	41	46	89	102
Totals...			10	78	407	444	301	366	480	510	1198	1378

Under supervision of the Borough Surveyor's Department, 72 Water Closets were erected, viz. :—19 for new houses, 47 for new factories, shops, etc., and 6 for existing buildings. Certain properties were pulled down to provide building space for new factories and shops, and in connection therewith 11 old W.C.'s were abolished.

During the year 174 Water Closets and two pail closets were erected, and 89 privies and 11 W.C.'s were abolished.

The following table shows the closet accommodation in the several areas at the end of the year.

	Dews- bury.	Ravens- thorpe.	Soothills	Thorn- hill	Totals.
Midden Privies ...	28	414	935	1178	2555
Pail Closets ...	27	131	6	11	175
Fresh Water Closets	5565	631	971	1221	8388
Waste Water Closets	4	17		52	73
	5624	1193	1912	2462	11191

**C.—Scavenging, etc.**—Street scavenging, removal of domestic refuse, cleansing of closets (other than water closets) ashpits and cesspools, is carried out by the Corporation employees.

Ash-bins belonging to houses are emptied weekly, and there is a daily collection of trade refuse in the business part of the town.

Pail Closets are emptied weekly.

Cesspools are emptied at the request of the owner or occupier of the premises, it being the usual custom for the scavenging staff to be notified when they are full. Three have been emptied, the number of times varying from one to nine each. There are seven cesspools apart from those connected with farm premises, these latter collect the liquids from cowsheds, stables, etc., and are used by the occupiers of the premises on their land for manurial purposes.

Ashpits, privies and privy ashpits are emptied at variable times as follows :—

All Saints' Ward—every 3 weeks, except during summer months and then weekly.

Trinity Ward—every 2 weeks, except during summer months, and then weekly.

St. John's Ward (Boothroyd Lane and Westtown)—every 3 weeks, except during summer months, and then every 2 weeks.

St. John's Ward (Dewsbury Moor)—every 3 weeks, except during summer months, and then every 2 weeks.

St. John's Ward (Dawgreen)—Weekly throughout the year.

Savile Town—every two weeks.

Thornhill Edge—every two weeks.

Thornhill Lees—every two weeks.

Soothills—every two weeks.

Ravensthorpe—every two weeks, but weekly during the last half of the year.

During the summer months especially, all ashpits, etc., should be emptied weekly.

Refuse is disposed of in tips, on the land by farmers, and at the destructor. Some is sent away by rail for manurial purposes.

The amount disposed of during the year was as follows:—

Destructor	...	...	...	6217 tons.
Tips	...	...	...	10133 „
Local Farmers and Gardeners	...		...	355 „
Sent by rail	...	...	...	422 „
				<hr/>
				17,127 „
				<hr/>

There were 2,093 tons more refuse dealt with during 1915 than 1914. Less was sent away by rail and less made use of by local farmers and gardeners. More was disposed of in tips and more through the destructor. A little more than a third of the domestic refuse is burned at the destructor, to deal with more means a new plant which is required. I have previously pointed out that as much domestic refuse as possible should be burned at home. If this were done a very considerable amount of money could be saved and with undoubted sanitary benefit.

**D. —Sanitary Inspections of District.**—The following is the tabular statement, supplied to me by the chief Sanitary Inspector, of the work done under this heading. It shows the number of notices issued in each area and the total complied with.



	Dewsbury.	Ravensthorpe.	Soothill Nether.	Soothill Upper.	Thornhill.	Total.	Form of Notice.		Notices complied with.
							Statutory.	Informal.	
Number of Inspections of Houses and other Premises	2646	395	770	355	911	5077			
Number of Re-Inspections of Houses and other Premises ...	3969	592	1155	533	1366	7615			
Notices issued for Sanitary Amendments of Houses and other Premises ...	618	91	312	88	401	1510			
Number of Letters re Sanitary Amendments of Houses and other Premises ...	167	26	47	10	86	336			
NOTICES SERVED.									
To abolish Defective Privies ...		30	29	7	43	109	5	104	89
„ Remove Foul Brickwork and Soil from Privies ...		30	29	7	43	109	5	104	89
„ Provide Water Closets.. ...	20	33	35	7	48	143	10	133	102
„ „ Light and Ventilation to Water Closets ...	25	38	36	7	52	158	8	150	117
„ „ Screen Wall to Water Closets... ..		2			3	5		5	5
„ Cleanse Floor and Seat to Water Closets ...	6					6		6	6
„ Limewash Walls and Tops to Water Closets ...	4					4		4	4
„ Repair Flushing Apparatus to Water Closets ...	5	1	2			8		8	8
„ Provide or extend Ventilation Pipe to Water Closets ... ..	4	3			1	8		8	8
„ Cleanse and Repair Water Closets ... ..	64		5		3	72		72	72
„ Abolish Foul Tub or Pail Closets ... ..					1	1		1	1
„ Convert Waste Water Closets to Fresh Water Closets ... ..					4	4		4	4
„ Abolish Defective Trough Water Closets ...	12					12		12	12
„ Remove Defective Brickwork and Soil from Trough Water Closets ... ..	6					6		6	6
„ Abolish Defective Ashpits ... ..	5	4	16	3	11	39	6	33	35
„ Remove Foul Brickwork and Soil from Ashpits...	5	4	16	3	11	39	6	33	35
„ Provide Proper Ashpits ... ..	1		1		2	4		4	4
„ „ Fastenings to Doors of Ashpits ... ..	10					10		10	10
„ Remove Ashpit Door from Side of Street ...			1			1		1	1
„ Pave Surface in Front of Ashpits ... ..	3				2	5		5	5
„ Provide Doors and Coverings to Ashpits ... ..	2		1			3		3	3
„ Repair Ashpits ... ..	17	2	4		9	32		32	31
„ Disconnect House Sink Waste Pipe from Drain...	6		10			16	2	14	16
„ „ Fall Spout from Drain ... ..	16	2	16	4	9	47		47	42
„ Provide Trapped Gullies to Untrapped Drains ...	25	2	24	6	11	68		68	66
„ „ Dishstone with Loose Grate ... ..	31	2	27	7	9	76	2	74	75
„ Properly Fix Dishstones to Gullies ... ..	24		11	3	15	53	5	48	45
„ Make Sink Waste or Fall Pipe to Discharge on Top of Dishstone ... ..	11		9	1	6	27	4	23	27
„ Repair Sink Waste Pipe ... ..	14	2	9	4	7	36		36	4
„ Fix S trap in Sink Pipe ... ..	69	4	20	15	51	159	28	131	121
„ Remove Gullies and Drains from Inside Houses ...	7		2	1		10		10	10
„ Provide New Sanitary Pipe Drain ... ..	2	3	9	3	7	24	5	19	22
„ „ Hopper Heads to Sink Waste Pipes ... ..	4			6	1	11		11	5
„ Fill up Disused Well ... ..	1					1		1	1
„ Cleanse and Repair Drain ... ..	62	6	12	8	15	103		103	103
„ Provide Eave and Fall Spouts ... ..	1		1	1		3		3	3
„ Repair Defective Spouts ... ..	16	2	7		7	32	4	28	32
„ Provide New Sink Stones ... ..	6	1	6	4	9	26	2	24	26
„ „ House with Sink and Drain ... ..	1		1	1	1	4	4		4
„ Remove Water from Cellars ... ..		2	2	3		7		7	7
„ Repair Defective Roofs to Houses ... ..	3		7	1	2	13	8	5	13
„ „ Walls, Floors and Ceilings of Cellar, Kitchen and Bedrooms ... ..	20		7	2	18	47	6	41	43
„ Remove Boards around Sink ... ..	8	2	7	11	9	37	2	35	23
„ Cement Walls around Sink ... ..	18	2	14	12	10	56	8	48	42
„ Use Means to Obviate Damp Walls ... ..	18		10	1	14	43		43	37
„ Provide or Make Windows to Open in Houses ...	8		10		16	34	14	20	29
„ „ Cords to Window Sashes ... ..	6				19	25	4	21	17
„ Cleanse and Limewash Ceilings, Walls, Floors and Staircases to Houses ... ..	9	3		1		13		13	13
„ Pave or Asphalt Yards and Passage-Ways to Houses ... ..	1	6	6	2	14	28	5	23	25
„ Repair Pavement ... ..	4	1	1	1	6	13		13	11

NOTICES SERVED.	Dewsbury.	Ravensthorpe.	Soothill Nether.	Soothill Upper.	Thornhill.	Total.	Statutory.	Informal.	Complied with.
„ Fasten up Doors and Windows to Unoccupied Houses ... ..	1					1		1	1
„ Open out Closed Fireplace ... ..	5		4		1	10	3	7	10
„ Cleanse the Surface of the Yard ... ..	2			1	2	5		5	5
„ Close or Make Habitable Insanitary Houses ... ..	4					4	4		4
„ Abate Nuisance from Overcrowding .. ..	2					2		2	
„ Take means to cure smoky chimneys ... ..					4	4		4	4
„ Cleanse and Limewash Walls, Tops, Passage- ways and Workrooms ... ..	5				3	8		8	8
„ „ „ Water Closets at Workroom ... ..	5	2			6	13		13	13
„ Repair Water Closets at Workroom ... ..	4					4		4	4
„ Provide More Efficient Light and Ventilation to Workroom ... ..	1					1		1	1
„ „ Lavatory Accommodation ... ..	1					1		1	1
„ „ Ventilated Intervening Space to Water Closets ... ..	5				1	6		6	4
„ Provide Additional and Separate Water Closet Accommodation ... ..	2				7	9		9	9
„ Prevent Dust being blown on to Public Street and Houses ... ..	1					1		1	1
„ „ the Escape of Noxious Fumes and Vapours ... ..		2				2		2	2
„ Provide or Repair Pail Closets... ..	1	2			2	5		5	5
„ Repair or Provide Galvanized Iron Receptacles... ..	44	30	37		28	139	8	131	132
„ Abolish Defective Urinal ... ..		1			2	3		2	2
„ Provide New Urinal ... ..		1			2	3		2	2
„ Provide Water Supply to Urinal ... ..					1	1		1	
„ Remove Manure ... ..	17				1	18		18	18
„ „ Refuse ... ..	12			7	1	20		20	20
„ „ Manure Pit from Side of Street ... ..					1	1		1	1
„ Provide Proper Manure Pit ... ..					1	1		1	1
„ Remove Stagnant Water ... ..	2					2		2	2
„ „ Animals Improperly Kept ... ..	1			1		2		2	2
„ „ Foul Houses, Rabbit Hutches, Pigeon Cotes, etc.... ..	1			1	2	4		4	4
„ Discontinue Depositing Offensive Matter on Streets or in Street Gullies ... ..	2					2		2	2
„ Prevent Smoke Nuisance ... ..	8	1	7		3	19	2	17	19
„ Limewash Walls and Tops of Slaughter Houses ... ..	80	8	12	12	41	153		153	153
„ Limewash Walls and Tops of Cowsheds ... ..	14	8	10	14	81	127		127	127
„ „ „ Premises (Offensive Trades) ... ..	1					1		1	1
„ Provide Proper Cesspool ... ..				1		1		1	1
Totals ... ..	801	242	473	169	679	2364	160	2204	2068

2,364.



Comparing the foregoing table with those of previous years, it will be seen that less work has been carried out. The Inspector reports that since the outbreak of the war there has been a gradual decrease in the number of notices served and nuisances dealt with; one reason being that the staff has been reduced by an Assistant Inspector having joined His Majesty's Forces. He says:—"Great difficulty has been experienced in obtaining compliance with the notices served; property owners being unable (although willing to conform to them) to secure the requisite labour owing to the shortage of workmen in the trades concerned."

Referring to my last year's report, there were four outstanding nuisances reported in connection with Chemical Works, a Pit Hill Fire, a Gas Engine Plant and certain Dye Works. With respect to the pit hill fire nuisance this may now be said to be non-existent. Respecting Chemical Works, complaints relating to a Savile Town Works have been renewed, and also new complaints relating to Ravensthorpe Works. The alleged nuisance from the former is said to have taken place as a rule during the night or early morning, intermittently, and often with long intervals (several weeks) between. Personally I have not detected the nuisance, nor have the Inspectors. I reported (several times) the matter to the Inspector under the Alkali Regulations along with that relating to the Ravensthorpe Works. In October he wrote me to the following effect:—"That the sulphuric acid plant at Ravensthorpe had been a source of anxiety both to the proprietors and to his department; on the one hand there was the urgent demand for vitriol for Government purposes, and on the other the plant was in need of repairs. On Sept. 17th the process was stopped owing to a serious breakdown, and extensive repairs were put in hand. He said it was hoped to start the plant in a week, and thought one could reasonably anticipate that cause for complaint would not arise when working was normal again—no further complaint has been made. As for the other works, after careful investigation, he was unable to discover any reason for the complaint. He said the products of the Chemical Works in that district were of extreme importance to the War Office and Ministry of Munitions, and naturally the utmost output was obtained. He was glad to be able to state that his records of visits and tests showed that the several processes registered under the Alkali Works Regulation Act had all been well and carefully conducted.

The complaints relating to the gas engine plant at another Savile Town works have not been renewed, and no nuisance arising therefrom has been detected by the staff. For a considerable period during the year the same firm were responsible for the nuisance of gritty matter (incinerated coal particles) in large quantities being emitted from the mill chimney. This has received attention and the Inspector reports that the nuisance has not occurred for some months.

**HARTLEY STREET DYEWORKS.** The complaints relating to this matter have not been renewed, and the Inspectors, who are almost daily in or about the area, have not detected any nuisance themselves or received complaints.

**SMOKE OBSERVATIONS.** The Inspector reports that 37 observations of chimneys have been made, and 19 notices were immediately served upon the respective firms, calling their attention to the emission of black smoke, as to be a nuisance. The notices gave the date and exact time of the emission. The particulars given were appreciated by the various firms as it gave them an opportunity of immediately investigating the matter, and in many cases letters were received giving a reason for the occurrence and promising to give more careful attention to the matter. I quite agree with the Inspector's statement that too much black smoke is being emitted from factory chimneys.

Flagging, asphaltting, concreting or paving of courts, yards and passageways to Houses:—During the year 1820 square yards, affecting 70 houses have been done. Of course much more would have been carried out under normal circumstances. This is good work and should be prosecuted with zeal; along with the conversion of privies to water closets, and the abolition of large insanitary ashpits, galvanised iron bins being substituted.

### Section III.—Sanitary Administration of District.

The general administration of the department has been as previously reported upon, except that during the whole year, as during the last three months of the year 1914, there have been two Assistant-Inspectors instead of three, owing to the absence on Military Service of Mr. Steele. Nurse Anderson, whose duties are under Infant and Maternal welfare, undertook Military Nursing in May, since July, Nurse Bamford has been acting in her stead.

LOCAL ACTS AND GENERAL ADOPTIVE ACTS:—To the list of Local Acts and General Adoptive Acts given in former reports can now be added The Dewsbury Corporation Act, 1915, to which the Royal Assent was given on July 29th, 1915. Amongst the many provisions are certain of them relating to matters for the direct improvement in the Public Health and the safeguarding of the same.

The Authority may make byelaws for securing adequate lighting to staircases, lobbies and passage ways in new buildings, or where structural alterations are proposed to be made to them in existing buildings. New dwellings must have sufficient and suitable food storage accommodation.

No room shop or other part of a building in which food is sold, or exposed for sale, or being prepared for sale, or deposited for the purpose of sale shall be used as a sleeping place.

Blowing or inflating of carcases of animals is forbidden, and exposing for sale or depositing for sale inflated meat is forbidden. No articles of food must be sold from any cart, barrow, or other vehicle, used for collecting rags and bones, or from any premises used in connection with rag and bone business.

Certain regulations have been made with respect to the manufacture and sale of ice cream.

In certain cases, if required, galvanised iron dust bins must be provided in lieu of ashpits, ashtubs, or other receptacles.

A definite standard of air space per person has been fixed for sleeping rooms in houses of not more than four rooms, viz., 400 cu. ft. per person over 12 years of age, and 200 cu. ft. per person under 12 years of age.

The Registration of common Lodging Houses only lasts from year to year.

Important provisions have been made for preventing the spread of Infectious disease, and for the purpose of the provisions "Infectious disease" includes measles, german measles, whooping cough and chicken pox.

**BYE-LAWS.**—The Local Authority have decided to adopt the Model Bye-laws of the Local Government Board relating to "offensive trades." They have not yet been definitely legalised as it has been necessary to succinctly define "a rag and bone dealer." The ordinary definition in a court of law might be said to apply to rag merchants on a large scale of which there are several in the Borough. Their business of course is quite different to that generally known as a "rag and bone" business, and the bye-laws are not intended to apply to them. A definition has been submitted to the Local Government Board, and their reply is now being awaited.

**CHEMICAL AND BACTERIOLOGICAL WORK DURING THE YEAR.**—Under the Food and Drugs Act, 144 Samples have been submitted to Mr. F. W. Richardson of Bradford, who is the Borough Analyst, for Analysis. The results of his examinations have already been dealt with in a previous section.

Bacteriological examinations are carried out by the West Riding County Council on behalf of this Authority on payment according to a scale of charges varying with the nature of the examination and the specimen.

The number of specimens examined during the year was as follows:—

Blood serum for Widal reaction	...	...	15
Swabs from throat for diphtheria bacillus	...	...	81
Hair for ringworm parasite	...	...	482
Sputum for bacillus tuberculosis	...	...	112
Urine    "       "       "       "	...	...	2
Milk     "       "       "       "	...	...	2
Ascitic fluid   "       "       "	...	...	1



Material (human) for bacillus anthracis	...	10
Material (bovine) „ „ „	...	2
Blood for organisms	...	1
Swabs „ „	...	9
Swabs for gonococci	...	3
		<hr/> 720 <hr/>

**E.—Premises and Occupations which can be controlled by Bye-Laws or Regulations Registered Premises.**-- During the year the following premises have been on the registers.

	Dewsbury sub-area.	Ravens- thorpe sub-area.	Tbornhill sub-area.	Soothill Nether sub-area.	Soothill Upper Sub-area.	Total.	Number of visits paid.
Bake-houses ...	18	8	5	5	1	37	72
Slaughter-houses	20	2	11	3	3	39	1676
Common Lodging- houses ...	6					6	12
Cowsheds ...	7	4	40	5	7	63	155
Cairies and Milkshops ..	8		3			11	25
Tripe-boiling Houses ...	4		1		1	6	35
Soap-boiling Houses ..	1		1			2	4
Size-making ..	1					1	2
Gut Scraping ..				1		1	5
Fell Mongering .	1					1	1
	<hr/> 66	<hr/> 14	<hr/> 61	<hr/> 14	<hr/> 12	<hr/> 167	<hr/> 1987 <hr/>

During the year one common Lodging House has been pulled down to make room for the extension of certain factory premises, and the only gut scraping premises have been discontinued for the purposes of that trade.

The general condition of all the premises is much the same as reported last year. The occupiers of two bake-houses referred to have been more cleanly in their methods, but there is room for improvement especially in one. Structural alterations or repairs are needed in both. One occupier contemplated radical alterations and has called in the services of an architect, but nothing definite has yet been settled.

There has been no real work done at Cowsheds. Although a number in Thornhill require much to be done, the owner gives the War as an excuse and inability to get the necessary labour.

**CANAL BOATS.**—There are no Canal Boats registered in the Borough, and Thornhill is the only district in the Borough through which they ply.

Seven boats have been inspected, their registration districts being Goole, Mirfield, and Hull. The boats were clean and conformed to the Acts, and no case of sickness or overcrowding was found.

**F.—Food.**—(a) **MILK SUPPLY.**—There is evidently less milk produced in the Borough than was the case a few years ago. Three years ago I estimated the number of cows kept by our dairy farmers to be about 600, to-day your Veterinary Inspector (Dr. Hallilay) estimates the number to be about 460, and he agrees with my estimate of a few years back. Cattle, farm produce and general labour have increased in value, consequently the price of milk has gone up. The retail pre-war price was 3d. and 3½d. per quart, and the end of 1915 it was 4d. and it has since reached 5d., and the Dewsbury 1915 prices compare favourably with those which prevailed in many other districts.

During the past year the cattle have been inspected twice by Dr. Hallilay. He is satisfied that the cows in the Borough are of an exceedingly good class and quality, and that farmers are particular as to the class of animal they purchase, and that they send for Veterinary aid sooner than they used to do. Two samples of milk direct from the cow were submitted for bacteriological examination, and one was found to contain the tubercle bacillus. The cow from which the positive sample was taken had recently calved and was obviously ill and getting rapidly worse, was slaughtered by the owner on the Veterinary Inspector's advice, a few days before the report on the milk sample was received. Post mortem examination showed general tuberculosis. None of the milk produced after the Inspector first saw the cow was consumed.

(b) **OTHER FOODS.**—The wholesale and retail markets are frequently inspected. During the year there have been 3 surrenders of fish, all mackerel, the total number being 1069.

MEAT INSPECTIONS.—Meat Inspection is thorough in so far as it is possible to supervise the many private slaughter houses (39) in the Borough. Of course as every one knows the chief argument for a Municipal Abbatoir is the comparative ease of Inspection of all animals killed; but I must certainly testify as to the honourable intent of many of our butchers, for it is not now uncommon for them to send to the Town Hall and ask for the Inspector to go to their slaughter-houses to see slaughtered animals which they do not think are “right.”

During the year there have been 132 surrenders of diseased carcasses or parts of them, the total weight being approximately 7243 lbs. as follows :—

Beast carcasses and internal organs...	5
Parts of beast carcasses ... ..	6
Pig carcasses and internal organs ...	5
Pig heads ... ..	61
Beast livers...	9
Beast heads ... ..	8
Beast tongues ... ..	5
Beast hearts ... ..	5
Pig plucks ... ..	67
Pig livers ... ..	2
Pig mesenteries -....	35
Sets of beasts lungs ... ..	85
Sheep lungs ... ..	1

All surrenders were on account of tubercular disease except the following :—

1 Beast carcase	—Malignant œdema and septicæmia.
1 „ „	—Anthrax.
1 Part of beast carcase	—Enteritis and peritonitis.
4 Sets beast lungs	—Abscess.
8 „ „ „	—Hydatid.
3 Beast livers	—Hydatid.
1 Pig	—Urticaria.
2 Pig livers	—Cirrhosis.
2 Pig Kidneys	—Nephritis.



The Anthrax case was of unusual and particular interest. A butcher asked for the Inspector to go and see a dressed carcass. The Inspector made an immediate report to me and I instructed him to return to the slaughter-house at once and take a portion of the beast's spleen for bacteriological examination, this was done and microscopical examination revealed typical Anthrax like bacilli—the diagnosis was subsequently confirmed by inoculation of a guinea pig which died from Anthrax. The case was reported to the Superintendent of Police, and the premises, their contents and other infected places were dealt with by him under the contagious diseases of Animals Act.

(c) SALE OF FOOD AND DRUGS ACTS.—During the year 144 samples have been obtained and submitted to the Public Analyst as follows :—

Samples purchased.	Total No. Analysed.	No. of Legal Samples.	No. of Informal Samples.	RESULTS.					
				Genuine Samples.		Adulterated Samples.		Doubtful Samples.	
				Legal.	Informal.	Legal.	Informal.	Legal.	Informal.
Milk ...	34	30	4	26	4	4			
Butter ...	31	1	30	1	30				
Margarine ...	16		16		16				
Flour ...	28		28		10				18
Preserved Cream ...	8		8		8				
Sausage ...	23	1	22		14	1			8
Potted Meat ...	1		1		1				
Lard ...	3		3		3				
	144	32	112	27	86	5			26

The Analyst's reports upon the four adulterated legal samples of milk were as follows :—

Sample 484. " This sample is composed of Milk 98·1 parts per cent. Added Water 1·9 parts per cent."

Sample 485. " This sample is composed of Milk 88·7 parts per cent. Added Water 11·3 parts per cent."

Sample 568. " The said sample contained the parts :—Milk Fat 2·54 per cent. Non Fatty Solids 8·76 per cent. Water 88·70 per cent. It contained 84·7 per cent of the minimum proportion of Fat (that is 3 per cent) natural to genuine New Milk, having regard to the Sale of Milk Regulations, 1901."

Sample 569. "I am of opinion that the said sample is composed of Milk 98·6 parts per cent. Added Water 1·4 parts per cent."

The Vendor of Milk No. 485 was proceeded against and find £1 and costs.

Proceedings were not taken against the other three Vendors but they were written to by the Town Clerk informing them of the facts.

The 18 Informal Samples of Flour classified by the Analyst as being "Doubtful" contained the following parts per million of Nitrites :—

No. of Sample.	Parts per million of Nitrites.	No. of Sample.	Parts per million of Nitrites.	No. of Sample.	Parts per million of Nitrites.
501	1·35	524	2·368	605	1·9
502	2·6	553	1·53	606	2·0
512	1·5	555	1 12	607	4·5
513	1·12	556	1·46	608	2·5
518	2·46	603	2 8	612	3·6
523	1·13	604	4·5	615	5·8

The Analyst classifies sausage which contained more than ·25 per cent by weight of Boric Acid as doubtful.

The eight doubtful informal samples contained Boric Acid in the following amounts.

529	·6 per cent Boric Acid	535	·350 per cent Boric Acid
532	·362     "     "	540	·348     "     "
533	·280     "     "	550	·370     "     "
534	·404     "     "	574	·35     "     "

A legal sample was taken from the Vendor of No. 529, and this on analysis contained ·84 per cent of Boric Acid, viz., 58·8 grains to a pound of sausage. Legal proceedings were instituted with the result that the Vendor was fined £3 7s. 6d.

The samples of preserved cream were in conformity with the provisions of the Public Health Milk and Cream Regulations 1912 :

## Section 6. THE MARGARINE ACT, 1887.

Four persons were warned for exposing for sale "Margarine" not labelled as required by the above Act.

The vendors at once complied with the full requirements of the Act.

**G.—Housing** — Under the Housing, Town Planning, etc. Act, 1909, 196 houses have been inspected, and all details entered upon cards, one for each house.

The following tabulation relates to work done under the Act:—

Number of houses inspected	...	...	...	196
Number of Representatives made by M.O.H. as to houses being unfit for habitation	...	...	...	4
Number of Closing Orders made	...	...	...	4
Number of considerations re Demolition (relating to houses closed the previous year)	...	...	...	1
Number of Orders "determining Closing Orders" (for house which was closed the previous year)				1
Number of Demolition Orders made	...	...	...	0
Number of Orders to cease to Inhabit	...	...	...	0
Number of Houses respecting which Orders were issued for Repairs and Sanitary Amendments	...	...	...	162

Of the four houses relating to which Closing Orders were made, two were cellar dwellings, therefore not for demolition, and two were made habitable. These latter were exceedingly damp when primarily inspected. The two cellar dwellings were vacated without notice being served. The "consideration of demolition" and the determination of the closing order related to the same house which had been closed late in 1914.

The demolition orders relating to two houses in Soothill Nether and referred to in last year's report have not been complied with, for the same reason as then stated, viz., absence on Military Service of the Solicitor for the Mortgagee in possession.

The following table shows the necessary alterations and sanitary amendments to be carried out at the 162 houses and also the work completed.

		NOTICES.	
		issued	complied with
To Abolish privy accommodation	...	76	72
„ Provide water closet accommodation and light and ventilation to same	...	79	73
„ Abolish ashpits and provide galvanised iron receptacles	...	67	62
„ Make sink waste pipes to discharge on top of dishstone	...	17	15
„ Fix S trap to sink waste pipe	...	142	119
„ Provide sash cords to windows	...	25	21
„ Pave or asphalt yards...	...	28	25
„ Remove drain from inside cellar	...	1	1
„ Provide light and ventilation	...	41	34
„ Provide air grate	...	2	2
„ Provide separate fall pipe and soil pipe	...	1	1
„ Disconnect sink waste pipe from the drain	...	3	
„ Provide hopper head to sink waste pipe	...	7	7
„ Cleanse and repair drain	...	5	5
„ Provide ventilation pipe to water closet	...	2	2
„ Remove defective woodwork from walls near sinkstones	...	16	5
„ Cement or tile walls adjoining sinkstone	...	43	31
„ Cleanse and limewash ceilings, walls, floors and woodwork	...	3	3
„ Remove the refuse	...	6	6
„ Repair walls, floors, walls and roofs	...	62	59
„ Repair or provide new sinkstones...	...	21	21
„ Make fall pipe to discharge on top of dishstone	...	16	16
„ Repair sink waste pipe	...	7	7
„ Prevent water flowing into cellar	...	3	3
„ Open out closed bedroom fireplace	...	10	10
„ Provide drainage	...	6	4
„ Provide trapped gulley to drain	...	3	1
„ Provide new dishstones	...	3	3
„ Refix dishstone	...	23	13
„ Repair pavement	...	10	9
„ Repair spouts	...	9	5
„ Remove drain from under dwellinghouse	...	1	1
„ Take means to cure smoky chimney	...	4	
„ Construct a proper cesspool	...	1	1

NEW HOUSES.—Only 18 houses were erected during the year, all of the Artizan type; they were distributed amongst the several areas as follows:—

Dewsbury Old Borough	...	0
Ravensthorpe	...	3
Soothill Nether	...	2
Soothill Upper	...	0
Thornhill	...	13

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18

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**MUNICIPAL BUILDING SCHEME.**—The scheme is quite held up on account of the War.

**DAWGREEN IMPROVEMENT SCHEME.**—The scheme as tentatively approved by the Health Committee was informally presented to representatives of the Local Government Board by the Chairman of the Health Committee, the Borough Surveyor and myself personally early in the year. It was pointed out to us that our scheme on the plan partook more of a street improvement scheme, and it would be necessary to state and show what it was contemplated should be done to every dwelling and other building in the area, and those we proposed leaving alone were to be pointed out and the reason why. The Health Committee have instructed the Borough Surveyor and myself to comply with the requirements. We have done a part, and the matter is now in hand. It has been impossible owing to stress of work to mutually find suitable times to go through the area and complete the scheme.

**H.—Factory and Workshop Act.**—There is no alteration in the number of factories and workshops, viz., 130 factories and 341 workshops.

94 inspections have been made, and defects found to exist, which necessitated notices being served as under.

Notices Served.	Dewsbury.	Ravensthorpe.	Soothill Nether.	Soothill Upper.	Thornhill.	Total.	Work completed.
No. of Inspections ...	54	11	18	2	9	94	
No. of Notices Served	29	8			10	47	
To Abolish Privies, Pail or Tub Closets ...					5	5	5
„ Provide Water Closets ...	2				7	9	9
„ Provide Light and Ventilation to Water Closets	5	5			7	17	15
„ Repair Pail Closets ...		2				2	2
„ Provide Additional or Separate Water Closets ...	1					1	1
„ „ Intervening Ventilation Space to Water Closets ..	5				1	6	4
„ Repair Water Closets...	4					4	4
„ Cleanse and Limewash Water Closets ...	5	2			6	13	13
„ Provide Doors to Water Closets		7				7	7
„ „ Light and Ventilation to Workroom	1					1	1
„ Limewash Walls and Ceilings to Workrooms	5				3	8	8
„ Repair Spouts and Gutters ...	1	1				2	2
„ Cleanse Drain ...		1				1	1
„ Discontinue Burning of Offensive Refuse		1				1	1
„ Prevent Nuisance from Burning Pit Hill		1				1	1
„ Remove Manure ...	1					1	1
„ Provide Galvanized Iron Receptacle for Refuse	6					6	6
„ Discontinue Shaking of Rags in Public Street	1					1	1
„ „ Depositing Ashes on Surface of Street	1					1	1
„ Extend Ventilation Pipe to Ridge of Roof	1					1	1
„ Remove Fall Pipe from Inside of Workroom	1					1	0
„ Disconnect Lavatory Waste Pipe from Soil Pipe	1					1	0
„ Provide Trapped Gully to Drain	1					1	0
„ Provide Dishstone with Loosegrate	1					1	0
„ Remove Soil Pipe and Drain from Inside Workroom	1					1	1
„ Cleanse Space and Remove Refuse from under Sorting Riddles ...	3					3	3
Total ...	47	20			29	96	92

There were 8 notices received from H.M. Inspector of Factories of matters remediable under the Public Health Acts, and all have been remedied.

UNDERGROUND BAKEHOUSES.—There were two underground bakehouses in use at the end of the year. No licenses were issued.

HOME WORK ORDER.—There are no home workers under the Home Work Order of 1905.

## Section IV.—Prevalence of and Control over Acute Infectious Diseases.

NOTIFIABLE INFECTIOUS DISEASES —During the year 272 cases of infectious disease were notified by medical men. The cases from the several districts are shown in the following table.

	Dewsbury	Ravensthorpe	Soothills	Thornhill	Totals
Small Pox	2	1			3
Scarlet Fever ...	71	40	43	39	193
Diphtheria ...	11		5	2	18
Enteric or Typhoid Fever	6			2	8
Puerperal Fever...	* 3	1			4
Erysipelas ..	18	3	2	3	26
Continued Fever Ophthalmia					
Neonatorum	11	3	2	4	20
Acute Poliomyelitis...					
	122	48	52	50	272

\*One was correctly not a Dewsbury case.

The total number of cases removed to the Hospital from each district was as follows :—

	Dewsbury	Ravensthorpe	Soothills	Thornhill	Totals
Small Pox ..	2	1			3
Scarlet Fever ...	57	35	38	29	159
Diphtheria ..	10		3	1	14
Enteric Fever ..	4			1	5
Totals ...	73	36	41	31	181



The following table shows the age periods of the cases notified :—

NOTIFIABLE DISEASES.	CASES NOTIFIED IN WHOLE DISTRICT.							
	At Ages—Years.							At all ages.
	Under 1	1-5.	5-15.	15-25	25-45.	45-65.	Over 65	
Small-pox ...				1	2			3
Diphtheria ...		8	9	1				18
Erysipelas ...				1	9	11	5	26
Scarlet Fever ...	1	33	118	23	14	4		193
Enteric Fever ...		1		1	5	1		8
Continued Fever ...								
Puerperal Fever. .				1	3			4
Ophthalmia Neonatorum...	20							20
Acute Poliomyelitis ..								
Totals ...	21	42	127	28	33	16	5	272

NOTE.—The above includes two Military cases of Scarlet Fever.

- (a) On May 20th, a “private” was invalided home from Strensall Camp, on the 22nd the rash of Scarlet Fever appeared.
- (b) An Orderly of the Chatham Royal Naval Hospital came to Dewsbury on June 21st on furlough. He commenced to be ill on June 24th, and the rash of Scarlet Fever appeared on the 25th. I was informed that for three months he had been doing duty in the Scarlet Fever Ward.

The following table shows the incidence of the diseases in each district during the different months of the year, and the removals to the Hospital month by month.

CASES NOTIFIED. 1915.	Dewsbury.							Ravensthorpe.							Soothills.							Thornhill.							Totals.											
	Scarlet Fever.	Diphtheria.	Enteric Fever.	Erysipelas.	Puerperal Fever.	Smallpox.	Ophthalmia Neonatorum.	Acute Poliomylitis.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Erysipelas.	Puerperal Fever.	Smallpox.	Ophthalmia Neonatorum.	Acute Poliomylitis.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Erysipelas.	Puerperal Fever.	Smallpox.	Ophthalmia Neonatorum.	Acute Poliomylitis.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Erysipelas.	Puerperal Fever.	Smallpox.	Ophthalmia Neonatorum.	Acute Poliomylitis.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Erysipelas.	Puerperal Fever.	Smallpox.	Ophthalmia Neonatorum.	Acute Poliomylitis.
January ..	6			1	1				3								3	1							14	1							3	1						
February ..	3		2	1					3						1		3		3						10								3							
March ..	3	1	1	2					4								3		1						17	1							3							
April ..	3	1							4								3		3						12	1							3							
May ..	5	1	1	2					6								3		1						11	1							3							
June ..	10			2					7								3		1						30	1							3							
July ..	4			3					6						1		6								22								3							
August ..	5	1		3					3								4		1						9	3							3							
September ..	5	1	1	3	1				3								5		3						17	3							3							
October ..	8	3	1	1					2				1				4		3						16	4							2							
November ..	8	3	1	1					5					1			2		1						14	4							1							
December ..	7			1	2				3					1			2		1						21	1							3							
Totals ..	71	11	6	18	3	2	11		40	1		3	1	1	3		43	5		2					39	2	2	3			4		193	18	8	26	4	3		20

[illegible]

Number of infectious diseases notified in the present sub-registration district of Dewsbury during each of the past thirteen years :—

	Small-pox.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Typhus Fever.	Enteric or Typhoid Fever.	Continued Fever.	Relapsing Fever.	Puerperal Fever.	Cholera.	Erysipelas.	Chicken-pox.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Ophthalmia Neonatorum.	Totals.
1901		229	11	2		10			1		14					297
1902	7	95	16	1		10	10				23					162
1903	137	50	17			13			2		18					237
1904	552	50	35			27					14	45				723
1905	12	162	42	1		19	3		1		16	44				300
1906		48	24			21	1		2		10	33				139
1907		65	17			22			2		16					122
1908	1	26	11			30			1		7					76
1909		67	17			11			1		10					106
1910		45	11			7			2		10					75
1911		45	23			9	3				12					92
1912		61	14			7			1		12					95
1913		23	14			9			1		10					57
1914	1	79	17			5			3		11			1	4	121
1915	2	71	11			6			3		18				11	122

The number of Infectious diseases notified during the year as occurring in the whole area was practically the same as during the former year, the figures being 272 and 267 respectively ; there was however an increase in the number of Ravensthorpe and Soothill cases (22 and 11) and a decrease in the Thornhill cases (29).

SCARLET FEVER.—There were 39 more cases notified during 1915 over those notified in 1914. The increase being chiefly accounted for by Ravensthorpe cases. The notifications were received with fair regularity throughout the year, the numbers being double figures each month with the exception of August. During the year there has been a much larger percentage of cases occurring in adults than in former years, thus the percentage of cases occurring in adults of 25 years of age and upwards, each year for the past six years has been roughly 1·8%, ·7%, 1·5%, 2·6%, 2·6%, and 9%.

In twenty-four instances, two cases have occurred in the same house ; and in three instances three in the same house ; direct infection being the causes of the secondary cases.

There have been many mild cases, and in some, notifications have not been made until desquamation has set in.

Of the total cases, 114 occurred amongst children attending schools.

DIPHTHERIA.—Eighteen cases were notified during the year, a very different figure from that of the previous year (75). Thirteen of the cases were school children. No case was notified from the Ravensthorpe area. Beyond the routine inquiry made into each case no special investigations were necessary. Before a case is accepted as being free from infection, two consecutive negative swabs from the throat are required, and no contact is allowed to attend school unless and until bacteriological examination of a throat swab fails to demonstrate the presence of the diphtheria bacillus. The taking of swabbings from contacts is done by myself, and during the year one of these showed the presence of the bacilli. Similarly to a definite case “a carrier” must subsequently have two consecutive negative swabs before re-admission to school.

PROVISION OF ANTI-TOXIN.—The Local Authority continue to supply Anti-Toxin free of charge. During the year five applications have been made, each for 2,000 units.

ENTERIC FEVER.—Eight cases were notified during the year, this being an increase of one over the previous year's figure. Two cases were notified from the Dewsbury Union Workhouse Infirmary. One of these was a casual who was poorly on admission, and as he had no fixed address Dewsbury was debited with the case. The other was a child admitted on January 15th from a neighbouring borough, and on February 8th was notified to me to be suffering from Enteric Fever, correctly speaking this was not a Dewsbury case.

Of the remaining six cases only one could be attributed to the consumption of shell-fish. Twelve days before commencing to be ill the patient had eaten mussels bought from a local fishmonger. Enquiries elicited the information that he obtained them from a fish dealer who carried on business in a Lancashire coast town, and he understood that the layings were on the adjacent foreshore. A sample of the shell fish was obtained from him, the said sample being from a further consignment from the same Lancashire fish dealer. Bacteriological examination of the mussels showed them to be unsatisfactory. The report being as follows :—

Of six mussels three (24) have *Bacillus Coli-Communis* per  $\frac{1}{10}$  c.c.  
 Of two „, specially examined both have *Streptococci* per  $\frac{1}{10}$  c.c.  
 Of two „, „, „ one has *Bacillus Sporogenes* per 1 c.c.



I wrote to the Lancashire fish dealer asking for information as to the layings from which the mussels sent to our local dealer were obtained, without receiving a reply.

A representation was made under the Shell Fish Regulations (1915) to the Local Authority of Lancashire Coast Town, who declined to proceed under the representation because "the laying" was not precisely indicated. They had interviewed the consignor of the shell fish to Dewsbury who stated that she had not got any of the mussels from a laying situate in the area of that authority.

SMALL POX.—Three cases were notified in December, viz., two from Dewsbury Old Borough area and one from Ravensthorpe. The three cases were intimately associated with one another, and in my opinion another case, missed and unnotified was the first to have the disease: one more case resulted from these viz., the wife of the caretaker of the small-pox hospital, who came in contact with the first removal, and as the Institution is in Ossett Borough the case was debited to that area.

The first case to be notified was a woman (Mrs. A) from Westtown. My first intimation was from the Doctor per telephone on Sunday evening, Dec. 12th. I visited her the same night and unhesitatingly confirmed the diagnosis. The rash was already pustular extending profusely all over the body and limbs and confluent on the face. The Doctor had only been called in the same day although the patient commenced to be ill on Dec. 4th, and the rash appeared on the 8th. She had been vaccinated in infancy. She made a good recovery in Hospital.

There were seven immediate contacts with Mrs. A., viz.,

- (1) Her married daughter (Mrs. S.) 20 years of age, who lives next door to her mother and who had not been vaccinated.
- (2) Infant daughter of Mrs. S., aged 9 months, unvaccinated.
- (3) W. A., aged 15 years, son of the case (Mrs. A.), vaccinated at 4 years of age (4 good marks).
- (4) V. A., aged 12 years, daughter of the case (Mrs. A.), vaccinated when 1 year old (4 good marks).
- (5) A. A., aged 8 years, son of the case (Mrs. A.), vaccinated in infancy (4 good marks).

(Note. Nos. 3, 4, and 5 lived with their mother).

(6) Mrs. H. (21 years), unvaccinated, living next door to patient, on the other side.

(7) F. H., (11 months), unvaccinated, daughter of Mrs. H.

The seven contacts were removed to the Hospital, and kept apart from the patient. These contacts were vaccinated or re-vaccinated by the Hospital Board's Medical Officer with the following results :

(1) Mrs. S., 2 marks, slight.

(2) Mrs. S.'s infant daughter, 2 marks, good.

(3) W. A., 2 marks, slight.

(4) V. A., 2 marks, slight.

(5) A. A., 2 marks, very slight.

(6) Mrs. H., 2 marks, good.

(7) F. H., 2 marks, good.

On Dec. 28th, Mr. S. had a slight small-pox rash. The spots were few and the constitutional symptoms of the slightest. This was the third case to be notified. She was the most likely one to develop the disease, having been the closest contact with Mrs. A. up to the time of removal to Hospital, and being unvaccinated. It will be noted that the result of her vaccination was slight. It is evident that the small-pox virus was in the system when she was vaccinated on Dec. 15th, but not sufficient to prevent vaccination showing some result, and also that the vaccination modified the small-pox.

Reverting to the patient, Mrs. A. How came she to contract the disease? The incubation period is usually from 7 to 14 days, 9 days being fairly constant, she therefore was infected subsequent to Nov. 21st. She is a rag sorter and was at work up to Nov. 27th, but since Nov. 14th she had not sorted anything but the waste from the looms belonging to the firm by whom she was employed. This waste was from material which had been through carbonising and dyeing processes, therefore I think she did not contract the illness at her work, but from an unrecognised case as I will now endeavour to show.

When I first saw the patient she told me that on Nov. 23rd she went to see a fellow worker (Mrs. L.) who was at home poorly, she stayed a good half-hour and arranged to go again on the 26th to do the house work; this she did, noticed that Mrs. L. had some spots on her face and arms. Mrs. L. was thought to have influenza and subsequently the spots were thought to be acne.

I interviewed Mrs. L. on Dec. 13th who on that date presented no signs of her past illness, but she told me that she commenced to be ill on Nov. 22nd, and on the 25th (viz. the fourth day of the illness) she had some spots on her arms and face. She was very ill at the commencement but made an uninterrupted recovery. On the same day (Dec. 13th) I found Mrs. L.'s husband was in bed with a rash. He had commenced to be ill on the 9th. The rash was sparse and taken alone the diagnosis would have been most difficult, but taking the history of his own, his wife's and Mrs. A.'s illnesses, I felt justified in diagnosing small-pox, and acting upon this: He was therefore removed to Hospital. His wife who had got over her illness stayed at home, though she was removed to the disinfecting station, along with their only son aged 17 years, for disinfection. The doctor who was in attendance on both families agreed that Mr. L. had the disease, also that his wife must have had a mild attack, and that she was the first case of the series.

Mr. and Mrs. L. and their son had all been vaccinated in early life, but I had them revaccinated, the son took slightly, but neither Mr. or Mrs. L. reacted, which was another strong point in favour of their illness having been small-pox.

All the usual precautions were taken for limiting the outbreak, and no other cases occurred, consequently Dewsbury should be considered fortunate. When a single case arises a large amount of work devolves on the staff of the Health Department, and a considerable amount of anxiety, which could all be eliminated if everybody was protected against the disease by efficient vaccination and re-vaccination.

Reverting to the patient Mrs. L. and accepting it, that she had had small-pox, how had she got it? Careful enquiry did not throw any suggestion that she had been in previous contact with any person suffering from the disease. She was a rag sorter and probably became infected between Nov. 8th and 15th. On visiting the firm who employed her, I was most courteously received by one of the Directors who gave me all information possible and on referring to their books, it was found that for some time up to Nov. 14th she had been handling and sorting white flannels from Morocco, and although they had been on the premises nine months, in the absence of any other clue I think it is reasonable to infer that the infection was conveyed by these flannels.



VACCINATION DURING 1915.—The number of primary vaccinations performed and the number of exemptions obtained during the year in the several districts is shown as follows :—

Registration Area.		Primary Vaccinations.	Exemptions.
Dewsbury	...	334	266
Mirfield (including Ravensthorpe)		204	152
Soothills	...	95	189
Thornhill	...	83	137
		<hr/> 716	<hr/> 744

OPHTHALMIA NEONOTORUM.—Twenty cases were notified during the year. Half of these were first brought to my notice by the Health Visitors, and might not have been notified if they had not impressed upon those in attendance the necessity of so doing. In seven cases I communicated with Doctors asking them if it was correct that they were attending such cases, and if so they should be notified, with the result that five certificates were sent in.

Of the twenty cases Medical Men were present at the confinements in six ; in four others they were booked for the confinements but not present, the infants being delivered by nurses in three and a midwife in one ; the remaining ten were midwife's patients.

The six cases delivered by doctors were distributed amongst five, one of the doctors having two.

The four cases where doctors were booked but not present, were distributed amongst one midwife (born in institution) and two nurses.

The ten midwife's cases were distributed amongst six, one had three cases, two had two each, and three one each.

A separate record of each case is kept on the card system drawn up as follows :—

OPHTHALMIA NEONATORUM.

Name .....	Treatment (if any) accorded to eyes at birth.....
Address .....	First symptoms (giving date).....
Date of Birth.....	Attendant on Case .....
Notified by { Doctor .....	If Doctor called in for the purpose { .....
{ Midwife .....	give date of first visit .....

## Re MOTHER.

General Health.....	Others (Name) .....
	(Address) .....
Discharge {	Child actually delivered by .....
Previous to Pregnancy.....	
During Pregnancy .....	
(a) Full term children .....	
(b) Still births (Periods of Gestation) .....	
(c) Miscarriages (Periods of Gestation) .....	
Infants previously affected.....	

  

at Confinement {	If Doctor was present at Confinement.
(a) Was he previously engaged and if not .. ..	..(a) .....
(b) Was he summoned on advice of Midwife and when ..(b) .....	
(c) And if so has Midwife so notified under Midwives' Act, and the reason .. ..	..(c) giving date.....

The "reverse" of the card is ruled for the Health Visitors' dates of visits and general remarks.

PUERPERAL FEVER.—Four cases were notified during the year and two died.

Two were very severe instrumental deliveries, doctors being present. A third was a non-resident removed to the Union Institution already suffering from the disease, and was not correctly a Dewsbury case, and the fourth was a case of precipitate labour, no one being with the mother who was wearing dirty clothing.

Enquiries were made relating to each case, particulars being obtained and entered on cards as follows :—

## PUERPERAL FEVER.

Name of Mother .....	Date of birth .....	Notified by .....	Date .....
Address .....			
Persons present at Confinement :—			
Doctor .....		Notification received .....	
Midwife .....		Symptoms (date on onset, etc.) .....	
Others' (Name) .....		.....	
(Address) .....		.....	
Who actually delivered .....			
Who made P. V. Examinations .....			
Were antiseptic precautions taken .....			
a) Was Doctor booked } for case }	(b) If so, was he sent for in proper time .....	(c) Did he properly respond .....	
If Doctor was not booked for case.	(a) Was he sent for to deliver .....	(b) If so, in good time .....	(c) Did he properly respond .....
If Doctor was not present at Confinement.	(a) When was he sent for .....	(c) Why was he sent for .....	
(b) Date of his first visit .....			

The reverse of the card is ruled for the following information :

Nature of Confinement (presentation, prolonged, instrumental, ruptured perineum or other injury, adherent or retained placenta or membranes, etc., etc.)

Condition of House (as to sanitation, cleanliness, etc.)

Visitor's General Remarks, giving dates of visits.

Result of Case .....

NON-NOTIFIABLE INFECTIOUS DISEASES.—A system of voluntary notification by Head Teachers of certain con-compulsorily notifiable diseases, occurring amongst School children, has been in vogue some years. During the year, amongst others, the following have been received—

Measles ...	..169
Chicken Pox ..	69
Mumps ...	...72
Whooping Cough...	84

These figures must not be taken as a correct record of actual cases, for on the one hand the teachers have not complete knowledge of cases occurring in children other than of the school age, nor of any occurring during the holidays, and on the other hand all cases notified cannot be definitely accepted as such. Again all teachers have not notified cases with the same assiduity.

MEASLES.—In November the Local Government Board issued a general order whereby cases of Measles and German Measles must be notified to the Medical Officer of Health on and after January 1916.

The onus of notification is put upon the Parent or Guardian or other person as soon as he becomes aware of, or has, reasonable grounds for supposing that any person in his charge is suffering from either of these diseases, unless the case has already been notified by a Medical Practitioner.

A Medical Practitioner must notify unless he has reasonable grounds for supposing that the case has already been notified ; but he is not required to notify if a case of the disease which he is attending, has to his knowledge occurred in the same household or

institution, and been notified within the period of two months immediately preceding the date on which he first became aware of the disease in the case he is attending. (Cases treated in a hospital for infectious diseases are not notifiable.)

The never ending responsibilities of Health Officials are increased by the order for :--

Upon the receipt of a notification or on becoming aware in any other way of a case or suspected case in his district, the Medical Officer of Health, or an Officer acting under his instructions, shall make enquiries and take such steps as are necessary or desirable for investigating the source of infection, for preventing the spread of the infection, and if a Medical Practitioner is not in attendance on the patient, the M. O. H. shall also take such steps as are necessary or desirable for ascertaining the nature of the case.

A Local Authority may provide or contract for the provision of Medical assistance for the poorer inhabitants.

For many years the public have, by means of pamphlets and general reports, had it brought to their notice that measles is a serious illness, that it causes many deaths and leaves many serious disabilities, and that the younger the child the greater the risk to life and the occurrence of these after effects, but I'm afraid with often little or no result.

There is to be an organised effort throughout the country to endeavour to control and lessen the incidence of the disease; not only to diminish the attack rate, but to delay the period of attack for the above reasons. This is working in the right direction, and if successful the community must not be surprised if after a few years many more young adults are laid up with the disease than is the case to-day, for there will be vastly more people of these age periods not protected by an attack in early childhood, consequently there may be more disturbance in the school curriculum of scholars in upper schools, and in the business life of young adults.

I have reported upon the whole subject to the Health Committee and recommended :—

That a Lady Health Visitor, preferably a trained nurse who has had experience in the nursing of infectious diseases, including Measles, be appointed, who shall with as little delay as possible



visit the homes of every notified case for the purpose of making the necessary inquiries and investigations and to assist in the administration.

That arrangements be made if possible with the Dewsbury and District Nursing Association for the nursing of necessitous cases when such is required.

That the Joint Hospital Board be asked to make provision for the admission of cases of measles.

To provide medical treatment when required.

The Committee have already appointed a Nurse to act as recommended, and she will commence her duties on April 2nd, 1916.

In times of epidemics and when notifications are received from different parts of the Borough, I contemplate she will not be able to cope with the work. Visits to the homes must be made with as little delay as possible, I am therefore inclined to the idea that instead of having certain special work assigned to certain Health Visitors, it will be better to divide the Borough into smaller districts, and allott one district to one Visitor, and let her undertake the several branches of work in that district. The duties will be more varied for each and consequently of more interest.

Some might raise an objection to this form of visitation contending that there would be a risk of the Visitors spreading the disease. My answer to this would be two-fold. Firstly, our present Health Visitors, whose duties have hitherto been in connection with Maternal and Infant welfare, frequently enter homes where measles exist. Secondly, the consensus of opinion is that the risk of conveying measles through a third person is so slight as to be negligible.

Reverting to the notification of Measles and German Measles, I am confident that it will not be complete. In many cases no Medical man is called in and the parents will fail to carry out their obligations in the first place. During the Nurses' visits they will hear of others, definite or suspected, and it will be their duty to make investigations at these other houses. Advice and instruction will be given verbally and practically to parents upon measures to be taken to limit the spread of infection, and in the absence of medical attention, upon the case itself.

With respect to the admission to Institution of cases of Measles, I would point out that in my opinion this would have little effect upon the general incidence of the disease, but in chosen cases would probably save life or at any rate diminish the liability to complications and after effects.

DISINFECTION.—The amount of work carried out has been as follows :—

Connected with 322 private houses—	456 rooms and 3,596 articles.
„ „ 4 elementary schools 14 „	
„ „ 3 institutions— 12 „	247 „

In addition 13 persons have been removed to the disinfecting station, and whilst they were being bathed, their clothing was disinfected.

The removal of infected clothing to the disinfecting station and its return after disinfection is now carried out by means of a small petrol driven auto-car. There are two moveable box vans which fit on to the chassis, one for infected and the other for the disinfected clothing, etc. This is a great acquisition and enables the work to be done with greater dispatch than formerly.

## Section V.—Prevalence and Control over Tuberculosis.

It will be remembered that all cases of pulmonary tuberculosis became compulsorily notifiable on January 1st, 1912, and on February 1st, 1913, the Order was extended to all forms of Tuberculosis.

The following table shows the number of notifications of residents suffering from tuberculosis since 1912.

YEAR.	PULMONARY TUBERCULOSIS.			OTHER FORMS OF TUBERCULOSIS.			ALL FORMS OF TUBERCULOSIS.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
1912	56	45	101	—	—	—	—	—	—
1913	49	47	96	17	18	35	66	65	131
1914	76	49	125	20	17	37	96	66	162
1915	59	49	108	13	10	23	72	59	131

In addition to the notifications of residents, five relating to non-residents were received and these were transferred to their respective districts.

There are four forms of certificates, viz., A, B, C, and D.

Form A, are primary notifications by practitioners either in private or Institutional practice.

„ B, are primary notifications of School Children notified by School Medical Officers.

„ C, are notifications of admission of patients to Poor Law Institutions or Sanatoria who have been previously notified under Form A.

„ D, are notifications of discharge from the above mentioned Institutions.

During the year I have received certificates as follows:—

Form A, 144.

„ B, 9.

„ C, 39.

„ D, 32.

Certificate.	Site of Disease.	First Notification.				Further Notification of cases already notified.		Totals.			
		Residents.		Non-R'sd'nt		Resident.					
		Male.	Female	Male.	Female	Male.	Female	Male.	Female	Total.	
A	Lungs.	58	47	2	0	9	6	69	53	122	144
	Other.	11	8	0	1	2	0	13	9	22	
B	Lungs.	1	2	0	1	0	0	1	3	4	9
	Other.	2	2	0	1	0	0	2	3	5	
		72	59	2	3	11	6	85	68	153	153

Certificate.		Certificates relating to cases previously notified.				TOTAL.		Number of Persons to whom Certificates relate.		
		In 1915.		Previous to 1915.						
		M.	F.	M.	F.	M.	F.	M.	F.	Total.
C	Poor Law. Sanatorium.	5	0	2	0	7	0	6	0	6
		11	12	6	3	17	15	16	15	31
D	Poor Law. Sanatorium.	1	0	1	1	2	1	2	1	3
		9	11	5	4	14	15	13	15	28

The number of new cases of residents notified during the year was, as just shown, 72 males and 59 females. The following table gives the age periods and the site of the affection :—

SITE.	AGE PERIODS.																												Total.			
	0-1		1-2		2-3		3-4		4-5		5-10		10-15		15-20		20-25		25-35		35-45		45-55		55-65		65-75			Over 75		
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.				
Lungs	1	2	3						1		3	5	5	4	6	6	6	8	8	7	16	6	9	3	3	3	2	1		59	49	108
General															1															1	—	1
Brain	1						1					2																		2	3	5
Glands of Neck	1										1	1	3	1																2	1	7
Abdomen						1					1	1	1																	2	1	3
Peritoneum																														1	1	2
Mesenteric Glands																														—	1	1
Hip...																		1												—	1	1
Spine														1																—	1	1
Wrist																														1	—	1
Adenitis																														—	1	1
Totals	3	2	4	1	2				1	2	1	5	9	9	8	7	6	6	8	9	7	16	6	10	3	3	3	2	1	72	59	131



The following shows the relationship between the number of cases notified and the type of house affected: it must be remembered that this is the record at the time the case was notified:—

	Pulmonary (Lung) Cases.	Non-Pulmonary Cases.
Through Houses and those with through ventilation, including Institutions ..	41	11
Back-to-back Houses and those with no through ventilation... ..	67	12
	<hr/> 108	<hr/> 23

Of the lung cases, 62 per cent. of the whole occurred in houses without through ventilation and 37·9 in houses with through ventilation; whereas, of the non-pulmonary cases, 52·1 per cent. occurred in houses without through ventilation and 47·8 per cent. with.

OCCUPATION TABLE OF NOTIFIED CASES.—The following table gives the occupations of the patients:—

	Pulmonary Cases.		Non-Pulmonary Cases.	
	Male.	Female.	Male.	Female.
Rag sorters ... ..	...	10	1	2
Mill hands ... ..	14	8		
Warehouseman ... ..	2			
Dyer's labourer ... ..	1			
Mechanic ... ..	1			
Fitter ... ..	1			
Iron Machinist... ..	1			
Blacksmith ... ..	1			
Printer ... ..	1			
Piano Maker ... ..	1			
Miner ... ..	2			
Bottle blower ... ..	2			
Confectioner ... ..	1			
Tailoress ... ..		1		
Shop Assistant ... ..		1		
Publican ... ..	1			
Housewife and Housemaid		8		
Scholars ... ..	3	8	6	4
Professional ... ..	3	3		
Out-door labourer ... ..	5		2	
Porter ... ..	1			
Tram conductor ... ..	1			
Soldier ... ..	2			
Plate-layer ... ..	1			
Mason ... ..	1			
Telegraph boy ... ..	1			
Newspaper vendor ... ..	1			
None or not stated ... ..	11	10	4	4
	<hr/> 59	<hr/> 49	<hr/> 13	<hr/> 10

## TREATMENT OF TUBERCULAR DISEASES.

(a) THE DISPENSARY UNIT.—The following figures have been supplied to me by the Dispensary Medical Officer, Dr. Priestley, relating to work done during the year.

## New patients attended—

Insured ...	Pulmonary	... Male	42,	Female	19=61
„	Non-pulmonary	„	1	„	0= 1
Dependents,	Pulmonary	...	„	0	„ 3= 3
„	Non-pulmonary	„	0	„	2= 2
Children ...	Pulmonary	...	„	—	„ —=33
„	Non-pulmonary	„	—	„	—=17

## Others—

(Non-insured)	Pulmonary	...	„	—	„ — = 2
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## Old patients attended—

Insured ...	...	...	„	24	„ 19=43
Dependents	...	...	„	15	„ 23=38
Others ...	...	...			2
Contacts	...	...			71

Note :—Some seven of these contacts are included in one or other of the former figures, either as positive cases or for further observation.

Total attendances of patients	.	2422
Home Visits by Nurses	...	1409
„ „ Medical Officer	...	137
Patients sent to Sanatoria	...	33

Dr. Priestley reports that of the patients seen during the year 63 have improved and are working; 35 are stationary but not working, and 28 have died.

It is very much to be regretted that there is such a poor response to the request that contacts should present themselves for examination. It is pointed out to each family from which a case has been notified, that members of the family other than the patient should be examined to ascertain if there are any signs of the disease present in them, only 71 contacts have presented themselves for this examination.

Very few patients reach the dispensary in the early stages of the disease, the majority have got past the stage where anything but some little temporary improvement can be expected. If the

onset was accompanied by acute pain, people would seek advice at once, but being generally of a slow and somewhat insidious nature, what is wrongly considered the "evil-day" is put off and put off until it is too late. I think the dispensary is not made use of sufficiently, and sufficiently early for diagnostic purposes. Dr. Priestley tells me of cases being sent to him for his opinion with physical signs of the disease already beyond the doubtful or even early stages.

The number of attendances at the Dispensary has shown a big falling off compared with the previous year. In 1914 the number was 3462, and in 1915 it was 2422, a difference of 1040.

(b) INSTITUTIONAL TREATMENT.—In my last report I explained that the Local Government Board had provisionally given their consent for the Local Authority in their scheme to provide *Six Sanatorium* beds on the understanding that more would be provided if the necessity arose; and also provided the cost was reasonable, to make alterations at the Whitley Grange Hospital, and furnish the same for sixteen *hospital beds*. The estimated cost of the structural alterations and additions to the buildings was accepted, but the furnishing estimate was considered too high. The estimate allowed for the furnishing to be done well and included the increase of prices owing to war conditions. However, owing to the war and finance, the Whitley scheme has been shelved for the present.

According to agreement between the Local Authority and the Local Insurance Committee, the former has taken over the six Sanatorium beds (3 for each sex) contracted for by the latter at Dean Head Sanatorium, Horsforth, and Morton Banks, Keighley. In addition four beds have been secured for twelve months at the Eldwick Sanatorium for Children at Bingley.

The Insurance Committee have the first call on six beds for insured persons.

No uninsured adult has been sent to Sanatorium by the Local Authority during 1915. One only was recommended by the Dispensary Officer, and the patient refused for domestic reasons to go away. Uninsured persons recommended for Institutional treatment will be sent away when recommended and if beds are available, the Health Committee having given me sanction and

instruction so to do. The result of last year's experience has confirmed our opinion that six Sanatorium beds for adults would suffice, and also that Hospital beds are required to a greater extent. We recognise the fact that six beds for early cases should not suffice; the cases must exist, but they are not forthcoming. By far the greater number sent away have been Hospital bed and not Sanatoria bed cases, and at times some little difficulty has occurred in filling the six beds.

The patients sent to Sanatoria through the Dispensary have been as follows:—

Morton Banks, 12 females.

Dean Head, 12 males.

Eldwick (children) 4 males 2 females.

East Anglian, 1 adult female (private patient).

„ 1 boy, through the King Edward Memorial Fund.

„ 1 girl (1 month privately, 6 months per Local Authority).

The length (in days) of the patients' stay in Sanatoria is shown as follows:—

	Shortest Stay.		Longest Stay.		Average.
Morton Banks (females)	43	...	131	...	80·75

Dean Head (males)	..	40	...	141	...	95
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East Anglian (one adult) 177 days.

„ (one boy) 183 „

„ (one girl) 171 „

Eldwick (one boy) 18 days, discharged at parents' request as he would not settle.

„ (one boy) 81 days.

„ two boys and two girls still inmates at end of year.

The condition at the end of the year of those patients who had been discharged is as follows:—

Adult males (9) four improved and working; five as before.

„ females (13) eleven improved (seven working); two as before.

Two boys and two girls improved.

One female who was in Sanatorium for three months in 1913, and two males for the same period during 1914, died in 1915.

## Section VI.—Means for Preventing Mortality in Infancy and in Childhood.

The various activities displayed locally under the above heading have been described in former reports and during the past year the work has been carried out on similar lines with the additional inquiry into and supervision of cases of ophthalmia neonatorum.

NOTIFICATION OF BIRTHS ACT 1907 :—The number of live births notified to the Medical Officer of Health is shown in the following table.

	No. of notifications.	No. of births registered.	No. not notified.
Dewsbury	...552	... 603	... 51 (including 9 in Institution.)
Ravensthorpe..	117	... 122	... 5
Soothills	...180	... 192	... 12
Thornhill	...218	... 224	... 6
	<hr/> 1067	<hr/> 1141	<hr/> 74

The number of births not notified, viz. 74 was equal to 6·4 per cent. of the whole. This is a great improvement on last year's figures. A considerable number however are notified late, the Act provides that births shall be notified within 36 hours of their occurrence. The delinquents are practically in all cases Medical men.

The notifications were received from the following sources :—

Medical men alone	...	...532
Midwives alone	...	.. 484
Doctor and Midwife (dual notification)		28
Relations and others	...	... 23
		<hr/> 1067

The number of births attended by Midwives alone was 480, viz. 37·9 per cent. of the whole, whereas in 1914, 44·2 per cent. were attended by Midwives.



**STILL BIRTHS.**—In addition to live births, 75 still-births (74 legitimate and 1 illegitimate) were notified during the year, this number is in considerable excess of last year. I think these figures can be considered to be more correct than those in former years. I have found that cases of still-birth have not been notified in past years, and those in attendance had not sufficiently well informed themselves of the provisions of the Notification of Births Act, or had been negligent. During 1915, Doctors and Midwives have had their attention specifically drawn to the fact that still-births are notifiable which accounts for the increased figures. From enquiries made the following information has been elicited :—

23 were midwives' cases, 52 Doctors' cases.

54 mothers were multipara, 21 were primipara.

55 of the Infants were at full time.

20 were premature.

67 were of non-working mothers (viz.. 7 still births to 100 live births). 65 occurred in back-to-back houses.

8 were working mothers (viz., 4 still births to 100 live births). 10 in through houses.

28 of the Infants were alive when labour commenced.

47 of the Infants died before the commencement of labour.

Further particulars of the causes of deaths of Infants before birth are as follow :—

28 died after commencement of labour—

1 Strangled by Cord.

2 Compression of prolapsed Cord.

25 Prolonged and difficult labour. (2 deformed maternal pelvis, 23 big children and malpresentations.)

47 died before labour commenced—

2 Placenta previa.

17 Maternal falls, shock, accidental hæmorrhage.

21 Delicate Mothers.

2 Syphilis.

5 Unaccountable.

The particulars of all still-births will in future be entered up in detail on the card system of which the following is a specimen :—

## STILL BIRTH.

Name of Mother, and Age..... Date of still birth .....  
 Address ..... Date of Notification.....  
 Persons present at Confinement :—  
     Doctor .....  
     Midwife .....  
     Others' (Name).....  
         (Address).....  
 Who actually delivered.....  
 (a) Was Doctor booked ..... (b) If so, was he sent ..... (c) Did he properly  
     for confinement..... for in good time..... respond.....  
 If Doctor was not ..... (a) Was he sent ..... (b) If so, in good ..... (c) Did he properly  
     booked for confinement for to case..... time..... respond.....  
 Nature of Confinement (Presentation, prolonged, contracted pelvis, instrumental, placenta prævia, ante-partum hæmorrhage,  
     injury to Child, abnormal Infant, etc., etc.)  
 .....

The reverse of this card is ruled for the following information :

Condition of Mother up to confinement (as to general health, working, etc.)

Previous confinements, still-births or miscarriages, giving dates and periods of gestation of each.

Visitor's Remarks (date of visit and probable cause of still-birth.)

VISITATION TO INFANTS AND ATTENDANCES AT THE INFANT WELFARE CENTRE:—During the year the number of babies visited at their homes was as follows:—

Babies born in 1914 in Dewsbury	...	.. 413
„ „ 1915 „	...	...990
Babies born in other towns and who have been brought to reside in the Borough	...	18
		<hr/> 1421 <hr/>

The total number of visits paid was 6079

The attendance on behalf of Infants at the Town Hall was 3,354, this is a smaller number than in the previous year, and put down to the effect of “recruiting,” the recruiting offices being near to the Town's Matron's room. Many mothers have said they did not care to visit the centre as there was always so many men about.

HELP GIVEN TO MOTHERS AND INFANTS.—The amount expended in supplying food and other necessities to lying in Mothers and to babies was £90 8s. 3d.

The number to whom nourishment etc. was given is as follows :

	Mothers.	Babies.
Dewsbury area	... 70	... 107
Ravensthorpe area	20	... 34
Soothills	„ 18	... 35
Thornhill	„ 22	... 27
	<hr/> 130	<hr/> 203 <hr/>

The total cost was more than in 1914, and the number helped fewer. This is explained by “War conditions,” for on the whole the people were better off, but where there was poverty it was more acute.

VISITS TO CASES OF OPHTHALMIA NEONOTORUM.—A hundred visits were made during the year to those cases of which as already stated, in the section dealing with Infectious diseases, there were 20. It is through the Health Visitors' activities that some of these cases were notified, and at times on their initial advice that Doctors were called in, and also through them that the actual nursing aid of the Nurses from the District Nursing Association was obtained.

DEATH ENQUIRY VISITS.—During the year 130 special visits were made to make some enquiries as the deaths of Infants.

NOTIFICATION OF PREGNANCY.—The voluntary notification of pregnancy by Midwives has not been a success during the year.

Three midwives have notified 58, 7, and 5 respectively. The first one is an untrained midwife and it is very satisfactory to state that she notifies practically all her cases; the second is a trained midwife with a big practice; the third an untrained elderly woman who now attends but very few cases.

Thirty cases have been brought to our notice through the patriotic fund.

The Health Visitors themselves have come across 203 cases. They meet with them during their ordinary visitations and very frequently at one house they are told of some other in the near neighbourhood.

The 305 cases have all been visited and advised where necessary. They were distributed amongst the several areas as follows :—

Dewsbury ...	...	210
Ravensthorpe ...	...	28
Soothills ...	...	36
Thornhill ...	...	31
		<hr/>
		305
		<hr/>

Without even compulsory notification of pregnancy I contemplate a considerable improvement on the above figures. During this year (1916) so far a larger proportion of cases have been notified, and when the maternal clinic and dispensary is established there will be a special inducement.

THE DEWSBURY DAY NURSERY.—This institution is still kept up chiefly by voluntary effort. A Government grant is received through the Board of Education, and a charge is made for admission of Infants and young children. During the year 65 children have attended, which is an increase of 31 over the previous year's figure. The total number of attendances was 2,706 against 1,657. The smallest weekly attendance was 26, the highest 86.

The ages of children admitted were —

Under 1 year.	1-2 years.	2-3 years.	3-4 years.	4-5 years.	
35	19	4	3	4	= 65.

The premises are not very suitable for a Day Nursery. The Committee have considered the matter and decided to take a more commodious house which will be more suitable after renovation, and what is a great and necessary adjunct there will be a garden.

#### Administration of Midwives' Act, 1902.

During the year 1915, sixteen midwives were on our register, two coming on during the year, one being a non-resident. Of the sixteen, four during the year have ceased to practice, viz., three residents and one non-resident, the latter and one of the former being trained.

The sixteen midwives may be classified as follows :—

	Trained.	Untrained.	Total.
Resident ...	3	6	9
Non-resident...	2	5	7
	<hr/> 5	<hr/> 11	<hr/> 16
	<hr/>	<hr/>	<hr/>

The following table shows the number of cases attended by individual Midwives as such and not as nurse :—

Resident Trained Midwives...	123, 78, 33	.. 234	} 238	} 428
Non-resident    ,,        ,,	... 2, 2,	... 4		
Resident untrained   ,,	... 72, 50, 8, 2, 0, 1...	133	} 190	
Non-resident    ,,        ,,	... 39, 12, 3, 2, 1	... 57		

It is satisfactory to note that the majority of the above cases were attended by trained women ; on the other hand it must be allowed that the untrained Midwives, especially those three who attended the largest number are doing a good class of work.



The resident Midwives resided in the following areas :—

Dewsbury Old Borough...	1	trained,	3	untrained	..4
Ravensthorpe ...	...1	„	1	„	...2
Soothills ...	...0	„	1	„	...1
Thornhill ...	...1	„	1	„	...2
					<hr/> 9 <hr/>

The Soothill Midwife is now attending very few cases except as nurse. The Thornhill untrained Midwife has rarely, since we became a County Borough, acted except as nurse ; and the trained Midwife left during the Autumn as she could not make a living.

During the year I have received from Midwives the following certificates under Rule 22 of the Board :—

- (a) Sending for Medical help, 36.
- (b) Notification of death, 1.
- (c) Notification of still-birth, 10.

Medical help was sent for by six Midwives as follows: 13 (123) ; 8 (50) ; 6 (78) ; 6 (39) ; 2 (33) ; 1 (12). (Note :—The figures in brackets are the total number of cases attended by the respective Midwives). Of the above, the 1st, 3rd, and 5th were trained ; the 2nd, 4th, and 6th untrained Midwives.

In addition to the 10 Certificates relating to Still-births, Midwives notified other 23 under the notification of Births Act. There is some confusion in the minds of Midwives, for in spite of explanations, they do not seem to grasp the fact that in addition to still-births being notified to the M. O. H. of an area, they are to be notified to the Local Supervising Authority under the Midwives' Act.

Medical help was sent for as follows :—

Abnormal presentation of child	...	...	4
Difficult or prolonged labour	...	...	10
Prolapsed Cord ...	...	...	2
Hæmorrhage ...	...	...	4
Ruptured Perineum	...	...	1

Hæmorrhoids	...	...	...	1
High temperature of Mother	...	...	...	2
Conditions of Infant, viz., sore eyes, jaundice, feebleness, wasting, convulsions			...	12
				<hr/> 36 <hr/>

The Lectures given to Midwives in 1914 have not been continued during 1915 as I have not had the time. I understand that a number of untrained women who act as nurse have expressed a desire to attend simple lectures. It will be possible to carry this out when our staff is enlarged, and this will I consider be a very useful piece of work. Any woman who desires may act as NURSE in confinements attended by a doctor. She is not registered and is under no supervision of any kind. Her knowledge may be little and the adage "a little knowledge is a dangerous thing" often applies. I have interviewed a number of women who are accustomed to attend confinements, with Doctors, and subsequently look after the Mother and Infant, and the household. With one or two exceptions they have no appliances of any kind, no knowledge of antiseptics, and no idea of the dangers and responsibilities incurred. There is certainly useful material amongst them as a class, but it is as necessary that they should be under supervision and registered as nurses as it is for midwives to be registered as midwives, and they should not be allowed to follow their calling without some training and tuition. People have expressed surprise that we allow it not knowing that we are powerless.

I have visited the resident Midwives two or three times each, and inspected their registers and appliances. The Town's Matrons come in contact with their work almost daily and keep me informed of all that is going on. I have found their appliances well kept, though those of an elderly untrained midwife who generally acts as nurse only are somewhat meagre: on two occasions I found the registers not kept quite up to date. With respect to individual entries I find the untrained midwives are still puzzled over the "duration of the various stages of labour."

### **Extension of Work in connection with Maternal and Infant Welfare.**

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The Local Government Board have been for some time strongly recommending Authorities throughout the Country to promote and extend their activities in this field of work, and have issued circulars and reports relating thereto.

A special report of the Board's Medical Officer on Maternal Mortality in connection with child-bearing and its relation to Infant Mortality was issued in October 1915. In consequence of which I was instructed to report to the Health Committee on Infant Mortality and Maternal Mortality for the past ten years, and to make comparisons with towns of similar size and character.

To each member of the Committee was sent along with a copy of my report, the following recent subject matter dealing with the question.

- (a) Circular and Memorandum from the Local Government Board dated July 30th, 1914, on Maternity and Child welfare.
- (b) Circular from Local Government Board dated July 29th, 1915, on the Notification of Births (Extension) Act, 1915. Also regulations as to grants in aid of Maternity Centres.
- (c) Copy of the Notification of Births (Extension) Act, 1915.
- (d) Copy of report of the British Medical Association on Maternity and Child welfare, dated Dec. 19th, 1915.
- (e) Pamphlet from Local Government Board on Maternity and Child welfare (1914).

The subject was very seriously discussed in Committee and it was finally decided to increase the staff by the appointment of an Assistant Medical Officer—preferably a lady,—an additional Health Visitor, and a Lady Clerk. Such an increase will enable us to considerably extend our activities on the lines recommended by the Local Government Board.

My report as presented to the Health Committee was as follows except that I have not included the portion dealing with the past and present staff of the Health Department.

**Special Report on  
Maternal Mortality in connection with Child-bearing,  
and upon Infant Mortality.**

**Maternal Mortality.**

The report of the Local Government Board's Chief Medical Officer on the above subject is based upon statistics supplied to him by the Registrar General, according to which the number of deaths occurring in Dewsbury during the four years 1911-1914 as due to Puerperal Fever and other complications of childbearing were 12 and 30 respectively, a total of 42. In examining in detail the weekly returns of deaths furnished me by the four registrars, there were, according to the various practitioners' death certificates, an additional six which bore some relationship to childbearing. These six deaths however could not be said to be due directly to childbearing, and the mothers would probably have died within a short time in any case; I have therefore eliminated them.

In making statistical reports actual numbers alone are not sufficient, for comparative purposes they must also be presented in "rates."

The following table gives the actual numbers and rates of maternal deaths for each area of the Borough for the four years 1911-1914 and the total number of births in those years.

Table I.	Number of Births.	Puerperal Fever.		Other complications of child-bearing.		Total.	
		No. of deaths.	Rate per 1000 births.	No. of deaths.	Rate per 1000 births.	No. of deaths.	Rate per 1000 births.
Dewsbury ...	2579	6	2.32	18	6.97	24	9.28
Ravensthorpe	605	2	2.33	4	6.6	6	9.9
Soothills ..	731	2	2.73	4	5.46	6	8.19
Thornhill ...	998	2	2.20	4	4.0	6	6.0
Whole Boro'	4913	12	2.44	30	6.10	42	8.54

The following table gives the numbers and rates of maternal deaths for each of the four years (1911-14) for the whole Borough and the number of births in those years.



Table II		Puerperal Fever.		Other complications of child-bearing.		Total.	
Year.	Number of Births.	Number of deaths.	Death rate per 1000 births.	Number of deaths.	Death rate per 1000 births.	Number of deaths.	Death rate per 1000 births.
1911	1160	1	·86	7	6·03	8	6·89
1912	1199	2	1·67	9	7·5	11	9·17
1913	1261	5	3·95	8	6·34	13	10·30
1914	1293	4	3·09	6	4·64	10	7·73
Total	4913	12	2·44	30	6·10	42	8·54

I also add the similar figures for the years 1910 and 1915.

1910	1061	4	3·76	2	1·88	6	5·65
1915	1142	2	1·75	5	4·29	7	6·12

The next four tables are devoted to giving similar particulars for each area of the Borough for each year as far as I have returns.

#### DEWSBURY OLD BOROUGH.

Table III.		Puerperal Fever.		Other complications of child-bearing.		Total.	
Year.	Number of births.	Number of deaths.	Death rate per 1000 births.	Number of deaths.	Death rate per 1000 births.	Number of deaths.	Death rate per 1000 births.
1905	653	1	1·52	1	1·52	2	3·4
1906	639	1	1·57	2	3·13	3	4·71
1907	592	2	3·4	2	3·4	4	6·77
1908	592	1	1·7	3	5·08	4	6·77
1909	559	1	1·8	1	·8	2	3·6
1910	565	2	3·54	1	1·77	3	5·31
1911	601	0	0	6	9·9	6	9·9
1912	632	2	3·17	4	6·34	6	9·51
1913	664	1	1·5	5	7·53	6	9·03
1914	682	3	4·4	3	4·4	6	8·8
1915	601	2	3·32	1	1·66	3	4·99
Total	6780	16		29		45	
Average per yr. for 11 yrs.	616·36	1·45	2·35	2·62	4·27	4·09	6·63



## RAVENSTHORPE.

Table IV.		Puerperal Fever.		Other complications of child-bearing.		Total.	
Year.	Number of births.	Number of deaths.	Death rate per 1000 births.	Number of deaths.	Death rate per 1000 births.	Number of deaths.	Death rate per 1000 births.
1910	118	0	0	1	8.47	1	8.47
1911	131	0	0	0	0	0	0
1912	147	0	0	2	13.60	2	13.60
1913	167	1	5.98	0	0	1	5.98
1914	160	1	6.25	2	12.50	3	18.75
1915	122	0	0	3	24.59	3	24.59
Average per yr. for 6 yrs.	140.8	.33	2.36	1.33	9.46	1.66	11.83

## SOOTHILLS.

Table V.		Puerperal Fever.		Other complications of child-bearing.		Total.	
Year.	Number of births.	Number of deaths.	Death rate per 1000 births.	Number of deaths.	Death rate per 1000 births.	Number of deaths.	Death rate per 1000 births.
1910	135	1	7.40	0	0	1	7.40
1911	191	0	0	0	0	0	0
1912	166	0	0	2	12.04	2	12.04
1913	195	2	10.25	2	10.25	4	20.51
1914	179	0	0	0	0	0	0
1915	192	0	0	1	5.20	1	5.20
Average per yr. for 6 yrs.	176.33	.5	2.83	.83	4.72	1.33	7.56

## THORNHILL.

Table VI.		Puerperal Fever.		Other complications of child-bearing.		Total.	
Year.	Number of births.	Number of deaths.	Death rate per 1000 births.	Number of deaths.	Death rate per 1000 births.	Number of deaths.	Death rate per 1000 births.
1910	243	1	4.11	0	0	1	4.11
1911	237	1	4.21	1	4.21	2	8.43
1912	254	0	0	1	3.93	1	3.93
1913	235	1	4.25	1	4.25	2	8.51
1914	272	0	0	1	3.67	1	3.67
1915	227	0	0	0	0	0	0
Average per yr. for 6 yrs.	244.66	.5	2.02	.66	2.72	1.16	4.76

It will be of interest to show the actual causes of deaths of those mothers who died from some cause connected with child-bearing other than puerperal fever. The total number of these cases occurring in the whole of the present Borough from 1910 to 1915 (inclusive) and in the old Borough of Dewsbury from 1907 to 1909 (inclusive) was 43 as follows :

Placenta prævia ...	...	6	
Post partum hæmorrhage ...	...	2	(one having chronic Bright's disease.)
Abortion and hæmorrhage ...	...	1	
Pulmonary Embolism ...	...	4	
Bronchitis and heart failure		2	
Syncope	}	...	(One complicated with Acute Bright's disease.)
Exhaustion			(One complicated with Extreme Anæmia).
Shock			
Eclampsia ...	...	16	(one complicated with Acute Atrophy of Liver.)
Contracted pelvis...	...	3	(One Cæsarian section.)
Vomiting & cerebral hæmorrhage		1	

Of the above 43 deaths and the 22 occurring from puerperal fever, four were of single women, as follows—

1908	...	Dewsbury	...	Puerperal Fever.
1908	...	„	...	Puerperal Convulsions.
1913	...	Soothill	...	Puerperal Fever.
1914	...	Dewsbury	...	Pulmonary Embolism.

#### COMPARISONS WITH OTHER TOWNS.

I have written to 20 towns asking for information relating to Maternal Mortality (also Infantile ditto) during the years 1910—1914 (inclusive) and have received replies from 14 of them. The figures in some cases are not complete but I have made the following comparative table.

The population in the census year of each town is given in brackets.

Table VII.

Death rates per 1,000 Births.

Name of Town.	Puerperal Fever.			Period in Years.	Other complications of child-bearing.			Average for both Classes.	
	Highest.	Lowest.	Average.		Period in Years.	Highest.	Lowest.		Average.
Halifax (101,556) ...	10	2.07	0	1.08	10	6.76	4.89	5.97	7.05
Todmorden (25,455)	10	4.09	0	1.25	10	8.94	3.63	5.64	6.89
Brighouse (20,845)	10	2.78	0	1.71	10	10.86	2.78	5.14	6.85
Bradford (288,548)...	10	1.74	.36	1.39	10	5.44	2.10	4.22	5.61
Keighley (43,487) ...	10	3.5	0	.97	10	8.3	2.1	5.3	6.3
Warrington (72,177)	10	4.38	0	1.66	10	2.24	.42	1.66	3.32
Batley (36,395) ...	10	4.71	0	1.82	7	6.79	2.34	4.99	
Wigan (89,152) ...	10	3.09	0	1.49	7	4.77	1.47	3.08	
Colne (25,693) ...	10	5.64	0	1.44	7	7.06	0	2.62	5.20
Leigh (44,109) ...	10	2.38	0	1.34	10	6.99	.77	3.86	
Rotherham (62,700)	10	4.46	0	2.62		not given.			
St. Helens (96,550)	10	2.38	0	.78	10	5.5	1.27	2.94	3.72
Castleford (23,090)	10	not stated.			10	7.03	1.36	4.67	
*Sheffield (459,916)...	10	1.99	.94	1.49	10	2.93	1.73	2.23	3.72
*Wakefield (51,511)	10	4.35	0	1.44	10	5.71	1.78	3.87	5.31
*Morley (24,282) ...	10	3.48	0	1.04	10	16.02	0	4.55	5.89
Dewsbury Old Borough (27,781)	11	3.54	0	2.35	11	9.9	1.52	4.27	6.62
” Whole Borough (53,351)	6	3.95	.86	2.24	6	7.5	1.88	5.19	7.43
Barnsley (50,614) ..									

Both classes given jointly and only for three years.  
Highest 6.07, Lowest 3.8, Average 4.79.

Both classes given jointly and only for three years.  
Highest 6.07, Lowest 3.8, Average 4.79.

\* Received after presentation of original report.

In going through the above tables one is struck by the diversity of figures, and as far as the L. G. B.'s report is concerned, I would point out that the four years which happen to have been taken viz. 1911--1914 were the worst four years Dewsbury has experienced since 1905. See table III.

In looking through the actual causes of deaths one finds conditions which at first sight would lead the lay man to say "Surely this does not come under the perview of a Health Authority," and up to quite recent years it has not. It seems now, however, the Health Authority is considered to be the Father of the populace not only as regards sanitation, but in every phase and condition which bears directly or indirectly upon the life of the people. It must be prepared, not only to advise, but in many cases to offer treatment to all who desire it, if such tends to an improvement in the nation's welfare.

Upon the individual skill of the accoucheur depends to a great extent whether a complicated labour will be brought to a successful termination or not; but if a doctor knew that complications were likely to arise some weeks or months before the full term of pregnancy was reached, there would be greater chances of lives being saved. For instance in all probability some of the sixteen deaths from Eclampsia (convulsions) would not have occurred if early and repeated examinations of the mother had been made, for thereby the liability of their occurring would have been found out, and proper advice and treatment could have been afforded, but it must not be overlooked that such advice and treatment must be faithfully acted upon by the patients themselves.

It is not the custom for pregnant women to be clinically examined before labour, and one of the duties of a Health Authority is to advise through its officials that this be done, and for the past fifteen months your Town's Matrons have acted up to this, especially where women have presented some obvious abnormal condition.

In addition to educative methods a maternity scheme should include the provision of medical examination, advice and treatment for those who would avail themselves of it.



### Infantile Mortality.

The Health Committee instructed me to give certain statistics relating to Infantile Mortality. I have produced them for each week up to four weeks, and in four subdivisions for the remaining eleven months. The latter is not in strict accordance with your instructions but will I trust meet with your acceptance. It is the form in which Infantile statistics are commonly prepared and as required by the Local Government Board, and should serve the purpose for which this report is desired.

The next five tables show the number of deaths of Infants occurring at the above stated age periods, for the years asked for, in the whole Borough, and the several areas of the Borough. In addition I have appended certain columns of death rates, and also shown for each year the percentage of Infants dying under one week, under one month, and from one to twelve months.

The various rates differ year by year, still there has been on the whole a general decline in the Infantile death rate.

As a fair example take the Old Borough of Dewsbury, the figures for which are given for ten years.—See table IX. Although there are years which have a rate somewhat higher than a preceding year, it can be calculated, that the average yearly Infantile death rate for the first half of the period—that is 1905 to 1909 -- was 166 per 1000 births, whereas for the second five years, viz. 1910—1914, it was 136 per 1000 births, and in going back still further, I find that the average rate per year for the ten years 1895 to 1904 was 186 per 1000 births. In studying this same table it can also be calculated, that this decrease applies to deaths over one month, whereas under one month there was an increase, viz. in the first quinquennial period the average rate was 49·4 per 1000 births, and in the second quinquennial period it was 55·7 per 1000 births, and this increase was more than accounted for, by the increased death rate of those under one week. See table XIII.

Year	No. of Births	INFANTILE MORTALITY. NETT DEATHS.										Deaths under 1 week.		Infantile Deaths under 1 month.		Infantile D'ths between 1 & 12 mths.	
		INFANTILE MORTALITY. NETT DEATHS.										Total Infantile Death Rate per 1000 Births.		Percent -tage of Total Deaths		Rate per 1000 Births	
		Under 1 week.	1 to weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 wks	4 wks and under 3 mths	3 mths 6 mths 9 mths	6 mths 9 mths 12 mths	9 mths and under 12 mths	Total under 1 year						
1910	1061	59	6	4	3	72	17	22	16	29	156	147.0	37.82	46.15	67.85	53.84	79.1
1911	1160	40	8	10	2	60	38	35	26	20	179	154.3	22.34	33.52	51.72	66.48	102.58
1912	1199	38	9	5	5	57	25	16	11	14	123	102.5	30.89	46.34	47.54	53.66	55.0
1913	1261	42	9	7	8	66	26	23	25	26	166	131.6	25.3	39.76	52.33	60.24	79.3
1914	1293	32	6	9	6	53	30	21	24	19	147	113.7	21.77	36.05	40.9	63.94	72.7

Table IX.

## DEWSBURY (OLD BOROUGH).

Population 1911—27,784.

Year	No. of Births	INFANTILE MORTALITY. NETT DEATHS.										Total Infant-ile Death Rate per 1000 Births.	Deaths under 1 week.		Infantile Deaths under 1 month.		Infantile D'ths between 1 & 12 mths.	
		Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 wks	4 wks and under 3 mths		3 mths and under 6 mths		6 mths and under 9 mths		Total under 1 year	Per-centage of Total Deaths	Rate per 1000 Births	Per-centage of Total Deaths	Rate per 1000 Births	
							3 mths	and under 3 mths	6 mths	and under 6 mths	9 mths							and under 9 mths
1905	653	19	3	2	6	30	28	25	23	18	124	189.89	15.3	29.02	24.2	45.96	75.8	143.9
1906	639	20	6	3	4	33	13	24	22	17	109	170	18.3	31.3	30.27	51.6	69.7	118.9
1907	592	23	5	2	4	34	21	8	18	10	91	153.7	25.2	38.8	37.3	57.4	62.6	96.28
1908	592	12	2	4	3	21	23	31	11	12	98	165	12.2	20.27	21.4	35.4	78.57	136.8
1909	559	22	4	5	1	32	20	19	9	6	86	153	25.5	39.5	37.2	57.0	62.8	96.6
1910	565	36	4	1	1	42	7	12	11	18	90	159	40.0	63.7	46.6	74.3	53.3	84.95
1911	601	19	2	5	1	27	17	14	16	8	82	136.4	23.1	31.6	32.9	44.9	67.0	89.85
1912	632	21	6	4	2	33	13	12	5	9	72	113.9	29.1	33.2	45.8	52.2	54.1	61.7
1913	664	29	5	5	5	44	13	12	14	13	96	145.5	30.2	43.6	45.8	66.25	54.1	78.3
1914	682	15	3	4	6	28	21	12	14	12	87	127.6	17.2	21.9	32.1	41.05	67.8	86.5

Table X.

## RAVENSTHORPE.

Population 1911—6,377.

Year	No. of Births	INFANTILE MORTALITY. NETT DEATHS.										Total Infant-ile Death Rate per 1000 Births	Deaths under 1 week.		Infantile Deaths under 1 month.		Infantile D'ths between 1 & 12 mths.	
		Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 wks	4 wks and under 3 mths	3 mths and under 6 mths	6 mths and under 9 mths	9 mths and under 12 mths	Total under 1 year		Per-centage of Total Deaths	Rate per 1000 Births	Per-centage of Total Deaths	Rate per 1000 Births		
1910	118	5	1	—	1	7	2	2	1	—	12	41·6	42·4	58·3	41·6	42·4		
1911	131	2	—	1	—	3	9	9	2	4	27	7·4	15·2	11·1	88·8	183·2		
1912	147	4	1	—	—	5	7	—	2	1	15	26·6	27·1	33·3	66·6	67·7		
1913	167	3	1	1	—	5	7	2	—	7	21	14·28	17·9	23·8	76·1	95·8		
1914	160	4	—	2	—	6	3	5	4	3	21	19·0	25·0	28·5	71·4	93·7		

(NOTE. Statistics for 1905 to 1909 for added areas tables X. XI. XII. not obtainable.)





THORNHILL.

Table XII.

Year	No. of Births	INFANTILE MORTALITY. NETT DEATHS.										Deaths under 1 week.		Infantile Deaths under 1 month.		Infantile D'ths between 1 & 12 mths.	
		Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 wks	4 wks and under 3 mths	3 mths and under 6 mths	6 mths and under 9 mths	9 mths and under 12 mths	Total under 1 year	Per-centage of Total Deaths	Rate per 1000 Births	Per-centage of Total Deaths	Rate per 1000 Births	Per-centage of Total Deaths	Rate per 1000 Births
1910	243	11	—	3	—	14	7	7	2	6	36	27.7	41.1	38.8	57.6	61.1	90.6
1911	237	6	2	2	—	10	5	8	5	3	31	19.3	25.3	32.2	42.2	67.7	88.6
1912	254	8	1	1	2	12	1	5	3	3	24	33.3	31.5	50.9	47.2	50.0	47.2
1913	235	5	1	—	1	7	3	6	8	3	27	18.5	21.3	25.9	29.7	74.1	85.1
1914	272	9	1	2	—	12	3	1	5	3	24	37.5	33.09	50.0	44.1	50.0	44.1

The average annual Infantile death rates for the quinquennial periods for the Borough as now constituted and for each area are shown in the following table.

Average Annual Infantile Death Rate per 1000 Births.

Table XIII.	Under 1 week.	Under 1 month.	Between 1 & 12 months.	Total under 12 months.
Dewsbury ...1905—1909 .	31·7	49·4	118·2	166·3
Old Borough 1910—1914 .	38·8	55·7	80·0	136·4
Ravensthorpe „ „	25·5	36·7	96·5	133·3
Soothills „ „	40·7	59·7	61·4	121·2
Thornhill „ „	30·4	44·1	71·1	115·2
Whole Borough „ „	35·3	51·5	77·4	129·0

The high percentages of the Infantile Deaths occurring under 1 week and under 1 month have frequently been brought to your notice, and the following table bears this out.

Table XIV.	Total No. of deaths under 1 year	Percentage of Infantile Deaths.	
		Under 1 week.	Under 1 month.
Dewsbury Old Borough, 10 yrs.	935	23·6	35·3
Ravensthorpe ... 5 „	96	21·7	31
Soothills ... 5 „	106	31·9	49·4
Thornhill ... 5 „	142	27·2	39·3
Whole Borough ... 5 „	771	27·6	40·3

The above figures are striking and show where great efforts are needed.

Passing from rates it is advisable and necessary to shortly deal with causes of Infantile Deaths, and it will probably be found that certain definite causes are responsible for the high death rate in the very early life of the child.

The four chief causes of Infantile deaths are :—Respiratory Diseases viz., Bronchitis and Pneumonia ; Gastro-Intestinal Diseases ; Premature Birth ; and Atrophy, Debility and Marasmus (wasting diseases). Most of the deaths from premature birth occur during the first week of life ; about half of those from wasting diseases during the first month ; nearly all from respiratory and gastro-intestinal diseases after the first month.

The following table exemplifies the above statement.

Table XV.—Causes of deaths of Infants in Dewsbury Old Borough from 1905—1909, and present whole Borough from 1910—1914.

	Under 1 week.	Between 1 & 4 weeks.	Between 1 & 12 months.	Total.
Respiratory diseases ...	2	20	231	253
Gastro-Intestinal diseases ...	0	7	205	212
Premature Birth ...	162	37	20	219
Atrophy, debility, and marasmus...	67	40	102	209
Atelectasis and Congenital defects	37	9	18	64
All other causes ...	40	36	246	322
Totals ...	308	149	822	1279

NOTE.—Of the 322 deaths from “all the causes” in the above table, 78 were notified as being due to “convulsions.” Although not so stated, these convulsions in many instances, were sure to be secondary to some primary cause, such as gastro-intestinal disturbance.

### Comparisons with other towns.

The following table gives the average Annual Infantile death rate per 1000 births for the five years 1905—1909, and the following five years, for certain towns, also our own. It also shows the average annual death rate per 1000 births of children dying under 1 week and also under 1 month.

Table XVI.		Average Annual Infantile Death-rate per 1000 births.		Average increase or decrease between the two periods.	Average Annual Death-rate per 1000 births of Infants, for ten years, 1905—1914.	
Town.		1905—1909	1910—1914		Under 1 week.	Total under 1 month.
Keighley	...	131	130	— 1	32·2	59·9
Colne	...	132	122	—10	not available	
Wigan	...	160	153	— 7	30	45·9
Warrington		136	120	—16	24·2	40·9
St. Helens	...	144	140	— 4	30·3	47·7
Bradford	...	135	123	—12	30·4	47·7
Barnsley	...	134	153	+ 9	not available	
Rotherham	...	152	134	—18	27·4	45·6
Halifax	...	111	100	—11	26·6	43·1
Batley	...	161	139	—22	33 (7 yrs.)	51·1
Brighouse	...	111	77	—34	21·8	40·8
Todmorden	...	123	115	— 8	31	45·8
Castleford	..	161	143	—18	25·4 (9 yrs.)	39·1
Leigh	...	163	157	— 6	26·1	42·4
* Sheffield	...	145	126	—19	27·1	44
* Wakefield	...	117	111	— 6	26·1	40·5
* Morley	...	136	116	—20	28·7	44·7
Dewsbury (Old Borough)		166	136	—30	35·2	52·6
Dewsbury (Present Borough)			129		36 (5 yrs.)	52

\*Received after presentation of original report.

The above table shows that in the first of the two periods our Infantile death rate was very high, and that there has been a great improvement during the next period and that although, in this second period, Dewsbury does not stand the worst, it is above the average. The last two columns show that our early Infantile mortality is practically the highest on the list, and again shows that it is upon this age period that co-ordinated efforts to reduce the mortality should be extended. These early deaths are chiefly due to ante-natal conditions, and if they can be improved, not only should there be fewer premature births, but fewer children born



delicate, and also what is of great importance, there should be fewer still-births. It is difficult to say why Dewsbury should have a higher early infantile death rate than other towns of a similar character. I am not intimately acquainted with the social and other conditions of other towns and therefore cannot compare them. There are many influences affecting child-bearing and Infant life, each taking a part, such as :—Housing conditions and home hygiene which bear a relationship to the individual ; work, whether it be in the factory or in the home, a woman who is in a chronic state of fatigue especially perhaps in the latter months of her pregnancy, cannot expect to get through her labour, lying-in, or in every case bear as healthy and virile a child as one who can have more rest and leisure ; want of adequate and proper food ; alcohol ; syphilis ; and the effect upon the maternal organs of previous abortions, too often, purposely brought about by drug taking or other means.

Some two years ago I indicated that ante-natal conditions would be the problem of the future and although the fringe of this work has been entered upon, the results of our work upon Infant-welfare has shown beneficially in the 1 to 12 months age group. It has been not only educational but material. Your town's matrons are highly capable servants and even more success would have attended their efforts, if they had received active and full co-operation from *all* to whom they have extended their advice and help.

I submit that this report has so far proved that good work has been done and also makes a case for the extension of the work in the direction indicated, and whether our Local Infantile Mortality is higher or lower than in other areas, it is expected that Dewsbury, along with the rest of the country, shall extend its sphere of action. I therefore recommend for your consideration the extension of our present work and the establishment of a Maternal and child welfare centre in the strictest sense of the term. The results will probably be slow and will to a very great extent depend upon the acquiescence and co-operation of all concerned.

I do not suppose you expect me here to go in to the details of a scheme and under existing circumstances a complete one may not be feasible at once, but the commencement should be adequate to form a part of the whole. The accompanying circular etc. from the Local Government Board indicate the lines upon the work to be



undertaken. It is recommended that extension of the existing work is needed in two directions, viz. that means be taken for the improvement of natal and ante-natal conditions, and for continuing the work in relation to children beyond the first year of life. To do this adequately it will be necessary to have larger premises, an increased staff of qualified health visitors, and clerical assistance for careful records must be kept and on the card system. The attendance of a doctor at the maternal and children's clinic or dispensary will be necessary, and whether this be undertaken by one or more local practitioners or not, will require consideration, and on this matter I have obtained and append a copy of a communication from the British Medical Association which should be read. The Board also advise that in the formation of a scheme co-operation should be sought from local practitioners and midwives.

I am of opinion that the care of young children at a Crèche should be part of a scheme and I should like to see the Dewsbury Day Nursery taken over by the Corporation, the help and interest of its committee being retained as a part of a House Committee or general care committee. I believe some of the Infants prematurely born and the delicate ones might be reared if placed for a time under proper and skilled care and the sphere of that Institution might be so extended. The nursery and the general centre could be under one roof. The question of providing a doctor or midwife for confinements in necessitous cases is also one of detail, and I see no reason why, if you increase your visiting staff, one of them should not be deputed to perform the duties of midwife. A few cases of necessity are at times reported and if History repeats itself there are sure to be many more when the present local manufacturing boom is over.

## Section VII.—Vital Statistics of the District.

As already stated in Section 1, a special estimation of the Civilian Population for the year 1915 has been made by the Registrar General, which allotted to the several areas of the Borough is as follows :—

Dewsbury Old Borough .	27,138	
Ravensthorpe	... 6,561	
Soothill Upper	... 2,358	} 8,054
Soothill Nether	... 5,696	
Thornhill ..	... 11,546	
	<hr/>	
	53,299	
	<hr/>	

Upon the above figures the various Civilian Death Rates will be calculated, deaths of those on active service are not included.

The question of the population to be used for the calculation of *Birth Rates* has also received the consideration of the Registrar General. He says the births registered are not only those of the children of civilians, and the estimates of the civil population therefore form an unsuitable basis for the calculation of birth rates. It is impossible to frame any estimate that would give reliable birth-rates and suggests that the birth rates for 1915 be based upon the existing estimates of the total population for 1914.

### Births.

The total number of births registered in the Borough during the year was 1,141, a decrease of 162 compared with the previous year. Five of the infants' mothers were non-residents of the Borough, but came into Dewsbury for their confinements. Three residents gave birth to children whilst they were away from the district, therefore, to arrive at the net births belonging to Dewsbury, nine must be subtracted from and three added to the number of births registered. The net births amounted to 1,135, which is equal to a birth-rate of 20·98 per 1,000 persons living.

According to the returns received from the four Registrars, the following table shows the number of net births from each district for each month of the year, and also the birth-rate per 1,000 living for the year for each district :—

MONTH.	DEWSBURY.			RAVENSTHORPE.			SOOTHILLS.			THORNHILL.			TOTALS.		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
January	16	29	45	6	4	10	10	13	23	16	14	30	48	60	108
February	19	20	39	4	4	8	7	9	16	15	11	26	45	44	89
March	23	24	47	8	2	10	6	9	15	9	16	25	46	51	97
April	30	24	54	1	3	4	7	11	18	13	12	25	51	50	101
May	28	26	54	6	7	13	12	7	19	10	6	16	56	46	102
June	29	24	53	4	7	11	5	8	13	9	9	18	47	48	95
July	26	20	46	9	4	13	8	6	14	10	8	18	53	38	91
August	30	26	56	5	6	11	10	8	18	10	5	15	55	45	100
September	26	28	54	8	10	18	3	10	13	4	9	13	41	57	98
October	33	25	58	1	4	5	7	9	16	3	10	13	44	48	92
November	14	21	35	9	4	13	7	6	13	7	10	17	37	41	78
December	21	32	53	3	3	6	6	8	14	6	5	11	36	48	84
Total	295	299	594	64	58	122	88	104	192	112	115	227	559	576	1135
Birth-rate per 1,000 living.	21.45			18.45			23.6			19.4			20.98		

The birth-rate in the four areas for the past five years is shown in the following table:—

	1910	1911	1912	1913	1914	1915
Dewsbury ...	21·17	21·6	22·76	23·9	24·6	21·45
Ravensthorpe...	18·08	20·5	22·75	25·5	24·2	18·45
Soothills ..	18·53	24·14	20·8	24·2	22·0	23·6
Thornhill .	22·01	20·9	22·2	20·36	23·3	19·4
Whole Borough	20·71	21·7	22·35	23·4	23·9	20·98

The birth-rate throughout the country declined during 1915 to 21·9 per 1,000 living, that of the great towns to 22·8, and that of the smaller towns to 21·6 per 1,000 living.

In the above table it will be seen that there was a higher rate in the Soothills area, and the largest decrease took place in the Ravensthorpe area.

**ILLEGITIMATE BIRTHS.**—Thirty illegitimate males and twenty-nine illegitimate females were born in the Borough during the year. Of these, five males and four females were of non-resident mothers who came to be confined in the district. Two illegitimates (males) were born outside the Borough. The total number therefore belonging to Dewsbury is fifty-two.

The inward and outward transfers are received from the Registrar General at the end of each year, but the sub-districts of the Borough to which they belong are not stated, therefore the total numbers for the separate districts cannot be accurately stated here.

The ratio of illegitimate births per 1,000 births for the whole of the Borough in 1910 was 49·09; in 1911, 45·6; in 1912, 46·7; in 1913, 40·4; in 1914, 45·6; and in 1915, 45·8.

### Deaths.

The total number of deaths registered with the four Registrars as having taken place in the whole of Dewsbury during 1915, is 1,022—530 males and 492 females. To arrive at the number of “net deaths” and also the death-rate of the Borough, the number

of deaths of Dewsbury "residents" occurring outside the district must be added, and the number of deaths of "non-residents" occurring in the Borough must be subtracted, also deaths in the Borough of one soldier.

Dewsbury C.B. Calculation of net total deaths belonging to the district, 1915.

	Males	Females	Persons
Total Deaths registered in district ...	530	492	1022
Add Deaths of "residents" of Dewsbury occurring outside the district	21	12	33
	551	504	1055
Subtract Deaths of "non-residents" and soldiers occurring within the district ...	86	58	142
Net total Deaths belonging to the district ...	467	446	913

The number of net deaths and the percentage of total deaths occurring during each month of the year, and each quarter for the whole Borough, is shown in the following table:—

1915	Persons	Males	Females	Percentage of Total Deaths.	Persons	Male	Female	Percentage of Total Deaths.
				Persons				Persons
January... ..	75	31	44	8·2	266	135	131	29·13
February ... ..	87	50	37	9·5				
March ... ..	104	54	50	11·3				
1st Quarter ...								
April ... ..	99	56	43	10·84	240	131	109	26·28
May ... ..	84	41	43	9·2				
June ... ..	57	34	23	6·24				
2nd Quarter ...								
July ... ..	61	39	22	6·68	199	101	98	21·8
August ... ..	64	31	33	7·0				
September ...	74	31	43	8·1				
3rd Quarter ...								
October ... ..	59	25	34	6·46	208	100	108	22·78
November ... ..	73	34	39	7·99				
December ... ..	76	41	35	8·3				
4th Quarter ...								
Total 1915...	913	467	446		913	467	446	



DEATH-RATE. The special civilian population being estimated to have been 53,299 persons and the net total civilian deaths from all causes being 913, the general death-rate for the year was 17·12 per 1,000 living.

For the purpose of comparison, the following table of death rates of the rest of the country is given.

Annual Death Rate per 1,000 living from all causes.																
	Average 10 years. 1891-1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915
England and Wales	18·2	16·9	16·2	15·4	16·2	15·2	15·4	15·9	14·7	14·5	13·4	14·6	13·3	13·7	13·9	15·1
Great Towns	..		18·5	17·3	17·2	15·7	16·0	15·4	14·9	14·7	13·4	15·5	13·8	14·3	14·6	15·6
Smaller Towns	..				15·6	14·4	14·4	14·5	14·0	13·9	12·4	13·8	12·4	12·8	12·8	14·0
England and Wales less the Towns					15·3	14·9	15·0	14·7	14·7	14·5	13·6	13·9	12·9	13·1	13·3	14·8
Dewsbury	..	20·1	18·1	19·0	20·72	19·69	18·23	18·14	19·0	18·87	16·5	17·4	15·4	16·8	15·9	17·12

The crude death-rates for the several areas of the Borough during 1910, 1911, 1912, 1913, 1914 and 1915, calculated according to their estimated populations, were :-

	1910	1911	1912	1913	1914	1915
Dewsbury Old Borough...	18·2	17·9	18 0	18·03	17·5	18·6
Ravensthorpe ...	13·4	16·8	15 0	18·3	15·1	16 7
Soothills ...	16·6	16·5	11·9	15·6	14·0	16·5
Thornhill ...	13·8	17·1	11·9	13·0	13·9	14·2

NET DEATHS FOR EACH LOCALITY were as follows :—

Dewsbury ...	506
Ravensthorpe ...	110
Soothills ...	131
Thornhill ...	164

The following table shows the age periods of deaths of Dewsbury residents, including those who have died outside the Borough, the deaths are allotted to each locality.

	Under 1 year	1—2		2—3		3—4		4—5		Total under 5 years.		5—10		10—15		15—20		20—25		25—35		35—45		45—55		55—65		65—75		Over 75		Total 5—75		Total—all ages.				
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
Dewsbury ...	50	29	7	16	2	2	3	2	5	2	3	63	56	3	11	—	1	3	3	1	2	13	12	23	30	30	24	45	37	47	42	17	43	182	205	245	261	506
Ravensthorpe	10	3	3	1	1	1	3	2	—	—	17	7	3	3	—	1	1	—	—	—	2	6	6	4	6	5	13	6	7	12	6	5	44	49	61	49	110	
Soothills ...	8	4	4	5	2	1	—	—	1	1	15	11	1	1	1	1	2	—	1	3	4	7	1	13	6	10	16	9	14	6	10	51	56	66	67	133		
Thornhill ...	19	9	2	4	3	1	—	1	1	—	25	15	1	1	2	1	3	1	—	1	3	4	7	3	9	4	18	13	21	14	6	12	70	54	95	69	164	
	87	45	16	26	8	6	5	8	4	4	120	89	8	16	3	4	8	6	1	4	21	26	43	38	58	39	86	72	84	82	35	70	347	357	467	446	913	

The death rates for the whole country are higher than in the previous year. The Dewsbury rate is higher, in the same proportion as for the whole country, viz., 1·2 per 1,000 living.

The largest local increase was in the Soothills area, the smallest in the Thornhill area.

The first and second quarters of the year were the worst compared with 1914, the chief increase of deaths during 1915 were due to acute respiratory diseases (35), Influenza (11), notifiable Infectious—excluding tubercular diseases (12). There were fewer deaths from Tubercular diseases (14) Diarrhœal diseases (25).

DEATHS OF NON-RESIDENTS OF THE BOROUGH.—The number of non-residents who died in the Borough was 141 (83 males and 58 females). With the exception of nine, all died in public institutions. Of the nine, seven died in private houses, one was found drowned, and one died in a tram car.

The following table shows the places of residence of the non-residents :—

	Number of Deaths.		
	Males.	Females.	Total.
Batley . . . . .	30	21	51
Morley . . . . .	13	6	19
Spenborough . . . . .	11	9	20
Heckmondwike . . . . .	8	8	16
Ossett . . . . .	8	4	12
Mirfield . . . . .	6	3	9
Birstall . . . . .	1	6	7
Leeds . . . . .	1	1	2
Birkenshaw . . . . .	1	—	1
Harrogate . . . . .	1	—	1
Blackburn . . . . .	1	—	1
Newton Steward . . . . .	1	—	1
Malines (Belgium) . . . . .	1	—	1
Totals . . . . .	83	58	141

The chief causes of deaths of non-residents were :—

Measles ... ..	1
Scarlet Fever ... ..	1
Diphtheria ... ..	2
Tuberculosis of lungs ... ..	10
Other Tubercular diseases ..	1
Cancer ... ..	8
Rheumatism ... ..	1
Diabetes ... ..	1
Old age ... ..	33
Softening of Brain ... ..	4
G. P. I. ... ..	3
Epilepsy ... ..	1
Other nervous diseases ... ..	3
Heart diseases ... ..	13
Cerebral Hæmorrhage and Apoplexy...	22
Respiratory diseases ... ..	9
Peritonitis and Appendicitis ...	1
Intestinal obstruction ... ..	5
Cirrhosis of Liver ... ..	2
Other diseases of liver ... ..	2
Nephritis and Bright's disease ...	8
Accidents of Parturition ... ..	1
Puerperal Fever ... ..	3
Accidents ... ..	3
Suicides ... ..	3

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DEATHS OF RESIDENTS OUTSIDE THE BOROUGH.—The following table shows the number of deaths of residents dying outside the Borough allotted to each locality, and the place of death :—

	Dewsbury. M. F.		Ravens- thorpe. M. F.		Soot- hills. M. F.		Thorn- hill. M. F.		Total.
<b>A.—In Public Institutions :</b>									
Storthes Hall Asylum ... ..	5	2	1	—	—	1	4	—	13
Wakefield Asylum ... ..	1	2	1	—	1	—			5
Leeds Hospital for women & children	—	1							1
West Riding Asylum, Burley ...	1	—					—	1	2
"      "      Menston ... ..	—	1							1
Batley Hospital ... ..	—	1							1
East Anglian Sanatorium, Nayland					1	—			1
<b>B.—Other than Public Institutions :</b>									
Leeds ... ..		1							1
Huddersfield ... ..			—	1					1
Batley ... ..	1	—			—	1			2
Wakefield ... ..					1	—			1
Ambleside ... ..					1	—			1
Louth ... ..							1	—	1
East Stow ... ..					1	—			1
York ... ..	1	—							1
	9	8	2	1	5	2	5	1	33



Tabulation of the Causes of Deaths and the Ages at Death.

[illegible]



DEATHS IN PUBLIC INSTITUTIONS IN 1915.—The total number of Deaths in Public Institutions within the district was 257. Of these 150 were males and 107 were females.

Deaths in Public Institutions within the district, 1915 :—

	Persons.	Males.	Females.
Residents ...	125	74	51
Non-Residents ...	132	76	56
Totals ...	257	150	107

The following table shows the Public Institutions in the Borough in which deaths occurred :—

Institution.	Total Deaths.	Residents.	Non-Residents.
Dewsbury Union Workhouse ...	190	74	116
Dewsbury General Infirmary ..	52	39	13
Dewsbury Joint Hospital Board ...	15	12	3

UNCERTIFIED DEATHS AND INQUESTS.—There were 1,045 total deaths registered with the four Registrars during the year. In 972 cases the deaths were certified by registered medical practitioners ; in 73 cases inquests were held by the Coroner and certificates given by him.

For the sub-registration district of

Dewsbury	...	...	there were 41 inquests.
Mirfield (Ravensthorpe)	„	„	10 „
Soothill	...	...	„ „ 7 „
Thornhill	...	...	„ „ 15 „

The following table gives the chief causes of deaths at certain age periods of residents of each locality, whether occurring in or beyond the locality.

	DEWSBURY.							RAVENSTHORPE.							SOOTHILLS.							THORNHILL.							Total—All ages, whole Borough.	Totals in 1914 for comparison.								
	Under 1 year.	1-2.	2-5.	5-15.	15-25.	25-45.	45-65.	All ages.	0-1.	1-2.	2-5.	5-15.	15-25.	25-45.	45-65.	65 upwards.	All ages.	0-1.	1-2.	2-5.	5-15.	15-25.	25-45.	45-65.	65 upwards.	All ages.	0-1.	1-2.			2-5.	5-15.	15-25.	25-45.	45-65.	65 upwards.	All ages.	
Enteric Fever ..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3
Small-pox ..	..	..	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11	9
Measles ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3
Scarlet Fever ..	..	..	..	..	..	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	15	7
Whooping Cough ..	..	..	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	4
Diphtheria..	..	..	..	..	..	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18	8
Influenza ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18	8
Erysipelas ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	5
Cerebro-Spinal Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	7
Continued Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Tetanus ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
Phthisis (Pulmonary Tuberculosis)	..	..	..	..	..	29	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	50	61
Tubercular Meningitis ..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	4	
Other Tubercular Diseases ..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	10	10
Rheumatism..	..	..	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	9	9
Cancer, Malignant Disease ..	..	..	..	..	..	32	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	66	54
Bronchitis ..	..	..	..	..	..	28	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	14	14	
Broncho-Pneumonia ..	..	..	..	..	..	62	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	105	60	
Pneumonia (all other forms)	..	..	..	..	..	25	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	89	43		
Other Diseases of Respiratory Organs	..	..	..	..	..	20	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	38	44	
Diarrhoea and Enteritis ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	1	
Appendicitis ..	..	..	..	..	..	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18	43	
Alcoholism and Cirrhosis of Liver ..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	8	
Nephritis and Bright's Disease ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	12	
Puerperal Fever ..	..	..	..	..	..	22	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	47	40	
Other Accidents and Diseases of Parturition ..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	4	
Congenital Debility and Malformation, including Premature Birth ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	6	
Violent Deaths (excluding Suicides) ..	..	..	..	..	..	23	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	46	52	
Suicides ..	..	..	..	..	..	16	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	29	23		
Other Defined Diseases ..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	8		
Ill defined diseases ..	..	..	..	..	..	212	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	362	340		
	79	23	17	15	9	78	136	149	506	113	4	7	7	1	188	80	110	112	9	5	4	4	15	45	39	133	28	6	6	5	5	17	44	53	164	913	860	

INFANTILE MORTALITY.—During the year 1915 there were 132 deaths of children under one year old in the Borough of Dewsbury, this being equal to an infantile mortality of 116·3 per 1,000 births.

The distribution of deaths amongst the four sub-registration districts was as follows :—

		Male.	Female.	Total.	Rate per 1,000 births for each district.
Dewsbury	...	50	29	79	132·9
Ravensthorpe	...	10	3	13	106·5
Soothills	...	8	4	12	62·4
Thornhill	...	19	9	28	123·35
Totals	...	87	45	132	116·3

The infantile deaths were distributed amongst the various months of the year as follows :—

	Dewsbury.			Ravensthorpe			Soothills.			Thornhill.			Totals.		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
January ...	1	4	5				1		1	3	3	6	5	7	12
February ...	4	2	6	1		1	2		2	2		2	9	2	11
March ...	4	3	7	1		1	1		1	1	2	3	7	5	12
1st Quarter	9	9	18	2		2	4		4	6	5	11	21	14	35
April ...	5	2	7					1	1	5	1	6	10	4	14
May ...	2	4	6							1		1	3	4	7
June ..	5		5	3		3	1	1	2	2	1	3	10	2	12
2nd Quarter	12	6	18	3		3		2	2	8	2	10	23	10	33
July .	3	1	4					1		2	1	3	5	2	7
August ..	4	3	7					1	1				4	4	8
September ..	5	3	8		1	1	1		1	1		1	7	4	11
3rd Quarter	12	7	19		1	1	1	1	2	3	1	4	16	10	26
October ...	6	2	8		2	2	2		2				8	4	12
November ...	5	3	8	1		1	1		1	1		1	8	3	11
December	6	2	8	4		4		1	1	1	1	2	11	4	15
4th Quarter	17	7	24	5	2	7	3	1	4	2	1	3	27	11	38
Total ...	50	29	79	10	3	13	8	4	12	19	9	28	87	45	132



The following table shows the Infantile Mortality in Dewsbury and other parts of the country for the past fifteen years:—

Number of Deaths under 1 year of age to 1,000 Births.																
	Average 10 years. 1891—1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915
England and Wales	154	151	133	132	146	128	133	118	121	109	106	130	95	109	105	110
West Riding..	164	168							138	111						
Great Towns	..		145		160	140	146	127	128	118	115	140	101	116	113	117
Smaller Towns	..			144	154	132	138	122	124	111	104	133	99	112	104	114
England and Wales less the Towns					125	113	115	106	110	98	96	118	86	96	93	98
Dewsbury ..	190.5	177	135	177	165	189	170	153	165	153	147	154	102.5	131.6	113.7	116.3

The following table shows the age periods of Infantile deaths in each district and the total number of Infantile deaths from the various causes.

CAUSES OF DEATH.	Under 1 Week.			1-2 Weeks			2-3 Weeks			3-4 Weeks			4 Weeks and under 4 Weeks.			3 Months and under 3 Months.			6 Months and under 6 Months.			9 Months and under 9 Months.			12 Months and under 12 Months.			Total deaths under 1Yr.	Total.					
	Dewsbury.			Dewsbury.			Dewsbury.			Dewsbury.			Dewsbury.			Dewsbury.			Dewsbury.			Dewsbury.			Dewsbury.					Thornhill.	Soothills.	Ravenshorpe.		
	Ravenshorpe.	Soothills.	Thornhill.	Ravenshorpe.	Soothills.	Thornhill.	Ravenshorpe.	Soothills.	Thornhill.	Ravenshorpe.	Soothills.	Thornhill.	Ravenshorpe.	Soothills.	Thornhill.	Ravenshorpe.	Soothills.	Thornhill.	Ravenshorpe.	Soothills.	Thornhill.	Ravenshorpe.	Soothills.	Thornhill.	Ravenshorpe.	Soothills.	Thornhill.							
Smallpox ..																																		
Chickenpox ..																																		
Measles ..																																		
Scarlet Fever ..																																		
Whooping Cough ..																																		
Diphtheria and Croup ..																																		
Erysipelas ..																																		
Tubercular Meningitis ..																																		
Abdominal Tuberculosis ..																																		
Other Tuberculous Diseases ..																																		
Meningitis (not Tuberculous) ..																																		
Convulsions ..	1			1																														
Laryngitis ..																																		
Bronchitis ..																																		
Pneumonia (all forms) ..																																		
Diarrhoea ..																																		
Enteritis ..																																		
Gastritis ..																																		
Syphilis ..																																		
Rickets ..																																		
Suffocation, overlying ..																																		
Injury at Birth ..																																		
Atelectasis ..	2		1																															
Congenital Malformations ..	1	1	1																															
Premature Birth ..	6	4	2	6	1																													
Atrophy, Debility and Marasmus ..	8		1																															
Other causes..	2																																	
	26	4	3	9	2	2	2	2	1	1	3		27	7	3	12	9	1	4	5	16	2	6	14	2	2	13	3	1	379	13	12	28	132
	36			6			4			3			49			24			20			20			20			132						

The following table shows the Infantile Deaths for each of the districts during past years :—

DEWSBURY.										RAVENSTHORPE.					SOOTHILLS.					THORNHILL.									
1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1910	1911	1912	1913	1914	1915	1910	1911	1912	1913	1914	1915	1910	1911	1912	1913	1914	1915	
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Chickenpox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Measles ...	3	5	2	1	2	3	2	1	2	1	2	2	1	1	1	1	...	...	...	...	...	...	...	...	...	...	...		
Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Diphtheria and Croup ...	3	9	6	4	2	4	5	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Whooping Cough ...	24	16	...	19	7	23	...	7	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Diarrhoea ...	2	6	...	3	3	1	...	...	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Enteritis ...	1	1	...	1	7	1	1	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Tubercular Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Abdominal Tuberculosis ...	1	...	...	1	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Other Tubercular Diseases ...	5	...	...	4	7	5	...	2	2	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Congenital Malformation ...	19	14	18	8	16	15	11	16	20	13	9	5	1	5	3	1	5	2	10	4	5	2	3	1	1	4	9		
Premature Birth ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Atrophy, Debility and Marasmus ...	19	18	20	18	22	16	12	10	13	1	10	1	1	1	2	1	1	2	7	3	8	3	4	2	11	5	3		
Atelectasis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Injury at Birth ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Erysipelas ...	2	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Syphilis ...	4	3	1	...	3	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Rickets ...	1	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Meningitis (not Tubercular) ...	3	2	1	2	1	2	...	...	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Convulsions ...	6	5	9	7	4	6	8	1	5	2	9	2	1	1	1	1	1	1	7	1	1	1	...	...	...	...	...		
Gastritis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Laryngitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Bronchitis ...	11	6	12	7	4	4	8	6	7	...	16	1	2	4	1	1	1	1	5	3	1	2	2	2	2	4	3		
Pneumonia (all forms) ...	15	7	12	13	7	12	9	12	10	...	7	1	3	1	5	3	2	1	2	1	1	1	5	3	3	2	4		
Suffocation, overlying ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Other causes ...	10	11	4	5	3	7	2	4	5	1	4	1	1	1	2	1	3	1	2	2	1	2	...	...	...	...	...		
Total deaths ...	124	109	91	98	86	90	82	72	96	87	79	12	27	15	21	21	13	18	39	12	22	15	12	36	31	24	28		
Infantile death-rate per 1,000 births	192	170	158	165	153	159	136	113	145	127	132.9	101	206	102	126	131	106.5	133	204	72	112	84	62.4	148	131	94	110	88	123.3

The Infantile Mortality Rate for 1915 of 116·3 deaths per 1,000 births is an increase of 2·6 per 1,000 over the previous year's figure. The rate however, though higher than that for the whole country has not increased to such an extent as that of the latter whose increase has been from 105 to 110 per 1,000 births.

The Dewsbury rate is just below that for the great Towns, which is a first occurrence. In comparing the figures of the Localities with those of the previous year it will be seen that there has been a small rise in Old Borough area (5·3 per 1,000 births) ; a big rise of 35·1 per 1,000 births in Thornhill ; and decreases of 24·8 and 21·3 per 1,000 births in the Ravensthorpe and Soothills areas respectively. In dealing with rates it must be remembered that where the total births are not many, one or two deaths makes a big difference in the figure rates, for instance the big increase in the Thornhill rate just referred to is accounted for by four more deaths.

Forty-nine Infants died under a month old, forty of them died from what may be called pre-natal conditions.

The chief causes of Infantile deaths were :—

Bronchitis and pneumonia...	...	37
Premature birth ...	...	24
Atrophy, debility and marasmus ...	...	15
Convulsions ...	...	15
Diarrhoeal diseases ...	...	9

The deaths from acute respiratory diseases were 28 per cent. of the whole. There is no doubt many of the illnesses were contracted by infants being out late at night. It is much too common a practice for mothers to take infants with them to place of amusements in the evening, in all seasons of the year and in all weathers ; for a couple of hours or so they are in a heated atmosphere and then suddenly plunged into the chilly outside air.

There was a large number of deaths from convulsions, this is to the Medical Officer of Health an unsatisfactory term of certification of death. Convulsions are secondary to some primary cause. It is not always possible to determine this primary cause, especially when as often happens, the doctor is only called in at the last.

There was a considerable amount of diarrhoea during September and October, and the number of deaths from this disease might have been much higher.



The deaths from Premature Birth, atrophy and debility accounted for 29·4 per cent. of the whole, which if added to the Atelectasis (3) and Conjenital Malformation deaths (7) we get a percentage of 37 1. This figure is about the same as usual and a problem requiring every thought and attention.

Twenty-seven per cent. of the Infants who died, did not reach the age of one week, and thirty-five per cent. were under a month old.

Out of 1,135 children born 124 viz. 109 per 1,000 births were weakly and in poor condition at birth; in the previous year the weakly born children numbered 137 per 1,000 births.

Of the weakly born children 49, viz. 39 per cent. died during the year. Of the 1,011 Infants in normal condition at birth, 82 viz. 8 per cent. died.

The death rate of weakly born Infants of working mothers was practically the same as those of non-working mothers, viz. 40 and 39 respectively.

The death rate of those in normal condition at birth of working mothers was slightly less than the rate for those of non-working mothers, viz. 7·5 per cent. compared with 8 per cent.

It will thus be seen that during the past year the figures do not prove that the fact of Mothers working has influenced adversely the Infantile mortality. When considering the type of house and Infantile mortality, we find that there is little difference in the figures of those weakly born in through houses and in back-to-back houses, for 39 per cent. of the weakly born in through houses are dead, and 38 per cent. of those in similar condition born in back-to-back houses are dead.

Of children normal in condition at birth, 6·4 per cent. of those born in through houses are dead, whereas 8·5 per cent. of those born in back-to-back houses are dead.

The method of feeding Infants has a marked effect upon the mortality rates, for if one disregards the 36 Infants who died under one week old as having little chance of living in any case, we find that of the remaining 1,099, 669 were breast fed of whom 36 died, and 430 were hand fed and 60 died, viz. 5·3 per cent. and 13·9 per cent. respectively.



### Maternal Mortality.

During 1915 seven women died as a result of pregnancy and child-birth as follows :—

	Puerperal Fever		Other causes		Total	
	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births	No. of deaths	Rate per 1000 births
Dewsbury						
Old Borough	2	3.32	1	1.66	3	4.99
Ravensthorpe.	0	0	3	24.59	3	24.59
Soothills ...	0	0	1	5.20	1	5.20
Thornhill ...	0	0	0	0	0	0
Total ...	2	1.75	5	4.29	7	6.12

DEATHS FROM THE SEVEN PRINCIPAL ZYMOTIC DISEASES.—Under this heading are included small-pox, scarlet fever, diphtheria and membranous croup, measles, whooping cough, enteric fever and epidemic diarrhoea. There were 54 deaths, which is equal to a rate of 1.01 per 1,000 living.

The number of deaths and the death rate from each of the seven principal Zymotic Diseases together with the month in which they occurred, is shown as follows :—

DISEASE.	Death rate per 1000 living.	January	February	March	April	May	June	July	August	September	October	November	December	Totals
Small-pox ...														
Scarlet Fever ...	0.05			1					1				1	3
Diphtheria and Membranous Croup	0.15			1	3	1				2	1			8
Measles ...	0.2					2		3		2		1	3	11
Whooping Cough ...	0.28	2	3		2	3	2					2	1	15
Epidemic Diarrhoeal Diseases ...	0.26				1		2	1	2	2	6			14
Enteric Fever ...	0.05			1		1				1				3
Totals ...	1.01	2	3	3	6	7	4	4	3	7	7	3	5	54

The deaths from the Epidemic Diseases were distributed amongst the four areas as follows :—

	Dews-bury	Ravens-thorpe	Soothills	Thorn-hill	Total
Small-pox ... ..					
Scarlet Fever ... ..	1	1	1		3
Diphtheria and Membranous Croup ... ..	5		2	1	8
Measles ... ..	5	3	2	1	11
Whooping Cough ... ..	7		4	4	15
Epidemic Diarrhœa ... ..	10		2	2	14
Enteric Fever .. ..	3				3
Totals ... ..	31	4	11	8	54
Rate per 1,000 living ...	1·1	0·6	1·3	0·6	1·01

DEATHS FROM TUBERCULAR DISEASES.—The following table gives the number of deaths from Consumption and other Tubercular Diseases in the Borough during the year 1915 and in the separate areas :—

	Dews-bury.			Ravens-thorpe.			Soothills			Thornhill			Totals		
	M	F	Tl	M	F	Tl	M	F	Tl	M	F	Tl	M	F	Tl
Consumption ... ..	15	14	29	3	3	6	6	5	11	1	3	4	25	25	50
Other Tubercular Diseases	3	1	4	1	2	3	—	2	2	2	2	4	6	7	13
Totals ... ..	18	15	33	4	5	9	6	7	13	3	5	8	31	32	63
Rate per 1,000 living ...	1·2			1·3			1·6			0·69			1·18		

Age periods of deaths from "Consumption," 1915, were :—

	Dowsbury			Ravens- thorpe.			Soothills.			Thornhill.			TOTALS.		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
0-5		1	1					1	1					2	2
5-10		1	1											1	1
10-15								1	1					1	1
15-20		2	2					1	1	1	1		4	4	4
20-25		1	1					1	1	1	1		3	3	3
25-35	3	2	5	1		1	1	1	2	1	1		5	4	9
35-45	4	2	6		2	2	2		2				6	4	10
45-55	3	3	6	2		2	2		2				7	3	10
55-65	4	1	5		1	1							4	2	6
65-75	1	1	2				1		1	1	1		3	1	4
Over 75															
	15	14	29	3	3	6	6	5	11	1	3	4	25	25	50
Rate per 1,000 living	1.06			0.9			1.3			0.34			0.93		

Age periods of deaths from "Other Tubercular Diseases," 1915 :—

	Dowsbury.			Ravens- thorpe.			Soothills.			Thornhill.			TOTALS.		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
0-5	2	1	3	1		1		2	2	1	1	2	4	4	8
5-10	1		1		2	2							1	2	3
10-15											1	1		1	1
15-20										1		1	1		1
20-25															
25-35															
35-45															
45-55															
55-65															
65-75															
Over 75															
	3	1	4	1	2	3		2	2	2	2	4	6	7	13

DEATH RATES FROM TUBERCULAR DISEASES DURING 1915.—  
The various rates for the year were as follows:—

All forms of Tuberculosis	...	1·18	per 1,000 living.
Tubercular disease of the lungs	..	0·93	„ „
Other Tubercular diseases	...	0·24	„ „

The following table shows the various Tubercular Death Rates for the last five years in the separate areas and in the whole Borough.

		1910	1911	1912	1913	1914	1915
DEWSBURY	Tuberculosis of Lungs ...	·08	1·18	0·9	1·37	1·3	1·06
	Other forms of Tuberculosis.	·5	·54	·57	·36	·3	0·14
	All forms of Tuberculosis ...	1·3	1·7	1·5	1·7	1·6	1·2
RAVENS- THORPE	Tuberculosis of Lungs ...	1·1	1·2	·47	·47	·6	0·9
	Other forms of Tuberculosis.	·16	·15	·31	·15	·3	0·45
	All forms of Tuberculosis ...	1·2	1·4	·78	·8	·9	1·3
SOOTHILLS	Tuberculosis of Lungs ...	·13	1·1	·75	·62	·98	1·3
	Other forms of Tuberculosis.	·7	·6	·25	·24	·36	0·24
	All forms of Tuberculosis ...	·8	1·7	1·0	·8	1·3	1·6
THORNHILL	Tuberculosis of Lungs ...	·9	·7	·7	·78	1·1	0·34
	Other forms of Tuberculosis.	·27	·35	·44	—	·17	0·34
	All forms of Tuberculosis ...	1·17	1·5	1·14	·78	1·29	0·69
WHOLE BOROUGH	Tuberculosis of Lungs ...	0·8	1·08	0·8	1·02	1·13	0·93
	Other forms of Tuberculosis.	0·4	·5	·46	·24	·29	0·24
	All forms of Tuberculosis ...	1·2	1·55	1·26	1·26	1·4	1·18

The following table shows the occupation of those dying from Tubercular diseases :—

OCCUPATION.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.	
	Male.	Female.	Male.	Female.
House-wives ... ..		9		
Factory Workers ... ..	12	4		
Rag Sorter ... ..		2		
Miner ... ..	2			
Mason ... ..	1			
Labourer ... ..	4			
Stoker ... ..	1			
Printer ... ..	1			
Warehousemen ... ..	1			
Publican ... ..	2			
Motor Engineer ... ..			1	
Paper Bag Maker ... ..		1		
Musician ... ..	1			
Scholars ... ..		3	1	4
No Occupation ... ..		6	4	3
	25	25	6	7

The following table shows the type of houses in which deaths occurred, or in cases where the deaths occurred in public institutions the type of houses from which they were removed :—

	Pulmonary Cases.			Non-Pulmonary Cases.			All Forms.		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Houses with through ventilation ...	9	9	18	2	2	4	11	11	22
Houses without through ventilation	14	16	30	4	5	9	18	21	39

NOTE.—The two deaths not included in the above table occurred in institutions, and their original addresses are not known.

CANCER.—There was an increase in the number of deaths from all forms of malignant disease during 1915, compared with the previous year, the figures being 66 against 54.



The following table shows the number of deaths of residents from malignant disease in each area,  
and also the parts of the body affected.

	PARTS OF BODY AFFECTED.															TOTALS
	Tongue	Oesophagus	Stomach	Lung	Liver	Intestine	Rectum	Bladder	Testicle	Uterus	Pancreas	Face	Neck	Shoulder	Breast	
MALES.																
Dewsbury	1	1			1	2	5	1				1				12
Ravensthorpe	...		2		1	2			1							6
Soothills	...		1		1								1			2
Thornhill	...	1	4				1							1		7
FEMALES.																
Dewsbury	1		4		3	3				4	1				4	20
Ravensthorpe	...		3							1						4
Soothills	1		1		1			1		3					1	8
Thornhill	..		1	1						3					1	7
	3	2	16	1	6	7	7	2	1	11	1	1	1	1	6	66

TABLE I.

Vital Statistics of Whole District during 1915 and previous years. Dewsbury C.B.

YEAR	Population estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.				
		Un-corrected Number.	Nett.		Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.		
			Number.	Rate.					Number.	Rate per 1,000 Nett Births.	Number.	Rate.	
1	2	3	4	5	6	7	8	9	10	11	12	13	
1910	...	51224	1061	20·71	912	17·8	82	16	156	147·12	846	16·5	
1911	...	53411	1169	21·7	999	18·7	106	39	179	154·3	932	17·4	
1912	...	53630	1209	22·35	906	16·9	113	35	123	102·5	828	15·4	
1913	...	53856	1265	23·4	973	18·06	103	37	166	131·3	907	16·8	
1914	...	54082	1303	23·9	936	17·3	126	50	147	113·7	860	15·9	
1915	...	Special Estimation 53,299. Normal Estimation 54,314.	1141	1135	20·98	1022	19·1	142	33	132	116·3	913	17·12

Area of District in acres } 6,720  
 (land and inland water) }

Total population at all ages ... 53,351 } At Census, 1911.  
 Total families or separate occupiers ... 13,280 }

TABLE II.

## Cases of Infectious Disease notified during 1915.      Dewsbury C.B.

NOTIFIABLE DISEASE.	Number of Cases Notified.							Total Cases Notified in each Locality.				Total Cases removed to Hospital.
	At all Ages.	At Ages—Years.						Dewsbury.	Havenshorpe.	Soothills.	Thornhill.	
		Under 1.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.					
Small-pox	3				1	2		2	1			3
Cholera	...											
Diphtheria (including Membranous Group)	18		8	9	1			11		5	2	14
Erysipelas	26				1					2	3	
Scarlet Fever	193	1	33	118	23	14	4	71	40	43	39	159
Typhus Fever	...											
Enteric Fever	...											
Relapsing Fever	8		1		1	5	1	6			2	5
Continued Fever	...											
Puerperal Fever	...											
Cerebro-spinal Meningitis	4				1	3		3	1			
Poliomyelitis	...											
Ophthalmia Neonatorum	20	20										
Pulmonary Tuberculosis	108	3	4	17	26	37	18	11	3	2	4	39
Other forms of Tuberculosis	23	2	4	14	1	1	1	8	4	6	5	
Totals	403	26	50	158	55	71	35	197	63	68	75	220

*Isolation Hospitals, Sanatoria, &c.—*

Dewsbury Joint Hospital Board's Isolation Hospital, Soothill Nether, Dewsbury.

Dewsbury Joint Hospital Board's Smallpox Hospital, Ossett.

Dean Head Sanatorium, Horsforth; Morton Banks Sanatorium, Keighley; Eldwick Sanatorium, Bingley.

TABLE III.

### Causes of, and Ages at Death during the Year 1915.

## Dewsbury C.B.

[illegible]

TABLE IV.

## Dewsbury County Borough.

## Infantile Mortality during the Year 1915.

Nett Deaths from stated causes as various Ages  
under 1 Year of Age.

CAUSES OF DEATH.				Under 1 week,	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks and under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total Deaths under 1 year.
All Causes	{	Certified	...										
	{	Uncertified	...										
Small-pox	...	...	...										
Chicken-pox	...	...	...										
Measles	...	...	...									2	2
Scarlet Fever	...	...	...										
Whooping Cough	...	...	...							1	2	1	4
Diphtheria and Croup	...	...	...										
Erysipelas	...	...	...										
Tuberculous Meningitis	...	...	...								1	1	2
Abdominal Tuberculosis	...	...	...										
Other Tuberculous Diseases	...	...	...						1	1			2
Meningitis (not Tuberculous)	...	...	...						1		1		2
Convulsions	...	...	...	1	1	1	2	5	2	3		5	15
Laryngitis	...	...	...										
Bronchitis	...	...	...			1		1	3	5	9	4	22
Pneumonia (all forms)	...	...	...						1	4	4	6	15
Diarrhoea	...	...	...						2	5			7
Enteritis	...	...	...						1		1		2
Gastritis	...	...	...										
Syphilis	...	...	...						1	1			2
Rickets	...	...	...										
Suffocation, overlying	...	...	...						2				2
Injury at Birth	...	...	...										
Atelectasis	...	...	...	3				3					3
Congenital Malformations	...	...	...	3				3			2	1	7
Premature Birth	...	...	...	18	2	2	1	23	1				24
Atrophy, Debility and Marasmus	...	...	...	9	2			11	2	2			15
Other Causes	...	...	...	2	1			3	1	2			6
Totals	...	...	...	36	6	4	3	49	19	24	20	20	132

Nett Births in the year { Legitimate ... 1083  
 { Illegitimate ... 52

Nett Deaths in the year of { Legitimate infants ... 122  
 { Illegitimate infants ... 10









